

# THE ALKALOIDAL CLINIC.

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## THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

DR. W. C. ABBOTT, Editor and Publisher  
ADDRESS

THE ALKALOIDAL CLINIC  
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**QUESTIONS** of interest to our readers along this line will be answered in our Miscellaneous Department. We expect those to add much of interest to our pages.

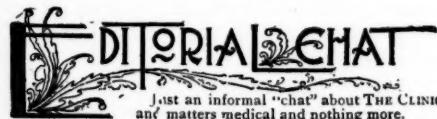
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Just an informal "chat" about THE CLINIC and matters medical and nothing more.

### TASTE AND SEE.

That we largely extend the circulation of the Clinic during the remaining months of this year, and that the reader who is not a subscriber may have an ample opportunity

to decide the question of whether he wants to become a subscriber or not, we will send the Clinic until January, '97, on receipt of 10 cents. We have quite a quantity of back numbers from July on, and as long as they last we will send them; so if you act at once you will get a complete file from July. Those of our friends who are subscribers and feel disposed to help us are at liberty to avail themselves of this offer in sending the Clinic to others. Anyone receiving the Clinic under the above conditions will be entitled to the premium case on first renewal but must ask for it.

If you are satisfied from reading this copy to send a dollar for a year's subscription and premium case, we will enter you as a paid-up subscriber to January, '98. We trust that these liberal propositions will meet with the reception to which they are entitled.

### COUGHS AND COLDS.

At this season of the year when coughs and colds are so prevalent we desire to emphasize one point which granule users are likely to lose sight of, and that is that medicines adapted to the treatment of these conditions act much better when taken in solution or dissolved in the mouth. While their systemic effect is of course the curative one, yet their local effect is not without its importance. No doubt much will be said on this subject by our contributors in the coming months. An excellent and exhaustive article on this subject by Dr. Waugh was published in the Clinic in February, '95. We still have quite a number of copies of this issue left, price 10 cents each. We also have back numbers of a good many months and a few complete files of each year. See advertising pages.

## DOSAGE OF BURRGRAEVE BOOKS.

We are often asked "what does Dr. Burgraeve mean in his writings by one granule of this and two granules of that when there are different sizes mentioned in the list," and we take this opportunity to say that the Chanteaud-Burggraeve granule list contains but one size of any drug, unless changes have recently been made, and these are the smaller sizes of the American lists. For instance, codeine in his writings means codeine, gr. 1-67. While retaining this size, we find it convenient to have a larger granule as well. In the main, then, the above may be remembered as the explanation.

## THE MIND IN THERAPEUTICS.

It is probable that as physicians we have a keener sense of conception of the effect of the mind over the body than any other class, yet we are all slow to appreciate its full effects and make actual application of its power. Our hypnotic-suggestion friends are using it largely, in fact it is their chief stock in trade, and every true physician, whether he knows it or not, is working more or less along the same lines. The point we desire to emphasize is this, that the efficacy of any remedy is increased when the patient is emphatically told what to expect from it. A cathartic taken in the full understanding of the effect desired, will act much better than when given in ignorance. In fact, we should not only tell our patients what to expect but when to expect it. Then the mind not only gets the body cells into a proper condition to be affected by the drug, but actually increases the efficacy thereof.

In evidence of this, we submit the everyday experience that when we think of fruit, sour or luscious, it affects the salivary glands and causes the mouth to water. When we think of urinating or defecating the act is far more likely to occur, and when we think of sexual matters desires are engendered thereby. It is unquestionable that the thought of an object, as of some stimulant or medicinal preparation, has an effect similar to the drug it-

self. We should therefore make use of physical therapeutics to enhance and make more certain the action of our remedies.

## THE PHYSICIAN HIS OWN DISPENSER.

Very often another will express one's thought in better and more forcible language than he can himself. For this reason we quote the following from the editorial pages of the Medical Bulletin of Philadelphia:

## The Physician His Own Dispenser.

"From the very nature of the case, the chief responsibility, in treating disease, must rest upon the physician in charge. It is, therefore, his duty to supervise carefully every detail, nursing and diet as well as the remedies employed. If, in his judgment, in any particular case or in any particular surrounding or even as a general principle of management, he elects to prepare and dispense his own drugs he is acting within his undoubted right. Any effort to restrict his right in this matter should be resisted with fixed determination.

"It is highly advisable that the physician should carry with him upon his rounds a certain number of selected and active remedies, in order that he may be promptly able to meet emergencies. Even in the most populous city such a plan is almost a necessity, as it may save the few minutes of time which turn the scale from death to life. In the open country, however, such a course is absolutely demanded. If the doctor anywhere, in town or country, prefers to extend this custom to all his patients, those seen at his office or seen at their homes, many strong reasons can be given in support of such a practice.

"An attempt to limit this freedom should meet with earnest resistance. The editor has lately received upon this subject a communication in which the side of the physician-dispenser is forcibly presented. The signers of the document are Drs. Preston Wilson, S. J. Waterworth and M. Gard. Whittier, of Clearfield, Pa.

"In relation to the sick the pharmacist

certainly should follow without deviation the directions of the physician. It is unfortunate that there should ever be controversy between the two professions, but it is undeniable that abuses do prevail and in doubtful cases the physician is in duty bound to insist upon his rights. The writers of the paper to which allusion has been made very correctly state that "office dispensing is oftentimes a great protection to the doctor, for it prevents the indefinite refilling of prescriptions."

"Every physician has been annoyed to find a prescription intended to fulfill a particular indication renewed from time to time indefinitely and not only for the original patient, but perhaps for a large circle of friends, supposed to be similarly afflicted. We have no doubt that much harm has resulted from this practice. The writers 'desire to say that all legislative questions should come before the State Medical Society as a body, and all its members, whether present or not, and not be referred to a committee of pharmacy. \* \* \* We are sure that we were never consulted as to whether we approved or disapproved the last pharmacy law preventing doctors from starting drug stores.'

"Our correspondents point out that 'another great advantage of office dispensing is that the presence of the drugs and preparations upon the shelves often affords valuable suggestions in devising new combinations for the cure of the sick. Their presence acts as a sure and certain artificial memory for resources in difficult or complicated cases.' Many patients, also, would gladly obtain their medicines directly from their advisers, thus saving a double charge, which is an important consideration to people of limited means. Finally, the possession of a drug store is often a decided assistance to physicians who are disabled from age or impaired health."

#### TINCTURA IODINII DECOLORATA.

A formula for this compound by Dr. Curtman in 1869, directs iodine 10 drams, alcohol 13 fluid ounces, stronger water of ammonia

3 fluid ounces. Mix and let stand 27 days. This preparation is, on completion, a solution of iodide of ammonium and iodide of ethyl.

The formula generally used throughout the country is that adopted by the German Pharmacopoeia, which is as follows: Equal parts of iodine, sodium hyposulphite and water are digested until dissolved, then 16 parts of ammoniacal spirit and 75 parts of alcohol are added to the mixture, and set aside for two or three days. This compound has an ethereal, ammoniacal odor and contains iodide of ammonium, iodide of ethyl, iodide of triethylamia, with a little iodide and sulphate of sodium.

Another formula much used in the eastern states, is prepared by triturating equal parts of tincture of iodide and glycerine with sulphite or hyposulphite of sodium qs. until color is entirely discharged. Care must be taken in the keeping of this compound as it is prone to become colored again on exposure to light and air. To guard against such change it is necessary to keep the same in an amber bottle with a few crystals of hyposulphite of sodium in the bottom.

All tinctures or solutions of iodine, made colorless by any of the known agents, are merely compounds of the same, with the same medicinal effects attributed to the salts of iodine.

#### A NOVELTY IN ADVERTISING.

In these days of much advertising a really nice and novel thing in this line is well worthy of prominent mention. We refer to an aluminum covered prescription blank holder that has been prepared for the medical profession by the Zumo Pharmacal Co. of St. Louis. Duplicate pads of course are furnished on request and the whole intended for a neat, living advertisement of their Zumo Anana, a valuable digestive tonic.

We are in receipt of one of these beautiful cases with our name neatly engraved thereon, and we understand that duplicates of this with name engraved may be obtained by any reputable physician who addresses them. This is something worth getting.

## LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of THE CLINIC, and not too long.

### RHEUMATISM. TYPHOID FEVER. NOTES ON SEPTEMBER CLINIC.

By William F. Waugh, M. D.

A gentleman recently remarked to me that the only remedy he had ever found for rheumatism was *Athlophoros*. Turning to Dr. Oleson's invaluable little book on nostrums, I find that each dose of *athlophoros* contains about 30 grains of sodium salicylate; and the directions are that this is to be taken every hour. No wonder it relieved the rheumatism. The trouble is that in obstinate cases we do not push our remedies far enough. Very often I get cases of epilepsy, neuralgia, or rheumatism, which get along nicely when I double or triple the doses of bromide, strychnine or salicylate the doctor had been giving uselessly.

But the salicylate cannot be given in such large doses without danger, unless the salt be in a state of chemical purity. This explains a curious observation made by Hare, in a collection of cases of salicyl poisoning. In one case fifteen grains proved toxic, while in another the patient recovered after taking two ounces. It is obvious that this wide discrepancy can only be explained by assuming that it is not the salicylate but the impurities it contains that constitutes the toxic agents; since there may be more impurity in fifteen grains of one sample than in a pound of the other.

Great as it is the value of salicyl, there are other remedies as well, and especially in the chronic forms, sodium iodide is a good adjuvant in these cases. *Phytolacca* seems better as an adjuvant than when given alone. In one very obstinate case I had no success until to the three above-named remedies I added sodium sulphocarbolate, 40 to 60 grains daily, acting on a remark of Lander Brunton's, that

the cause of rheumatism is generated in the intestinal canal.

I fear that the great value of colchicine is scarcely comprehended by many of us. Of all agents to increase the solid constituents of the urine it is probably the best. As an agent to stimulate the excretion of uric acid, to combat the tendency to gout, rheumatism, plethora and the numerous train of ills that arise from too much or too rich blood, colchicine is of the greatest value. And when patients tire, as they will, of the large doses of salicyl or iodide, it is a favor they never fail to appreciate when they are supplied with a few of the tiny granules, so redoubtable in effect. In my *Manual of Alkaloidal Medication*, colchicine will be found recommended in every affection that may depend on a plethoric condition.

I recently noted in a medical journal a letter commending Dr. Woodbridge for introducing the antiseptic treatment of typhoid fever! And this, when for twelve years I have been urging this very thing, and the sulphocarbolates have become the main reliance of thousands of physicians all over the United States. But this is a fair instance of the truth that if you do not keep eternally hammering at a thing it is forgotten. For that reason, unless some manufacturing firm has a proprietary interest in a remedy and keeps it before the public by constant advertising, it bids fair to be thrust aside.

Of Woodbridge's formula the eucalyptus citriodora and guaiacol carbonate constitute the active elements. I am satisfied that this oil is superior to the ordinary eucalyptus oils in some respects; and the assumption that its use is a needless refinement is incorrect. As it has not come into general use, few physicians know where to obtain it; hence very few have given it a trial. Of those few I have yet to hear of one who did not agree with the estimate I have just given.

Guaiacol carbonate I have tried extensively, and find it a valuable intestinal antiseptic. But it does not equal the sulphocarbolates by any means. Even in tuberculosis, where it should be pre-eminently the intestinal antiseptic, it will not reduce



the fever as low or as certainly as the calcium sulphocarbonate. After repeated trials, with full doses of the guaiacol carbonate, we have found the sulphocarbonate gave better results in every case. Add to this the very great difference in the cost.

The tolerance of iodoform in tuberculosis is as remarkable as its intolerance in eczema. Twenty grains a day, continued for a month, has not caused any symptom of iodism in a case of pulmonary tuberculosis now in my sanatorium; whereas, the use of about one grain, dusted over an eczematous patch, resulted in local irritation equal to that which follows the application of cantharidis. This is the fifth case of eczema I have observed, which displays an idiosyncrasy toward iodic compounds.

In his interesting paper on sea-sickness, Dr. Abbott omitted to mention the most effectual remedy against that exasperating complaint; one whose efficacy I proved in my own case a good many years ago. Though not susceptible of administration in the form of dosimetic granules, it is both easy and agreeable in its administration. The prescription is as follows: Pick out the prettiest girl on board, and strike up a flirtation with her, the more rapid the better. I am reminded that while this proved efficacious twenty-five years ago, it might not answer so well now. Many find in poker the distraction that makes them forget the miserable equilibrium and the swaying of the abdominal viscera that cause sea-sickness; for it is strictly a functional neurosis, and anything that distracts the attention powerfully enough to cause forgetfulness relieves the distress. A firmly applied abdominal bandage, or wedging the body in the berth, face down, often proves effective. And a resolute determination not to let the thing master you, but to turn to and do all in your power to aid, comfort and divert your fellow sufferers is the best remedy of all.

Dr. Lee's case (p. 332, September Clinic) points unmistakably to the heart. There is some cause affecting it, as shown by the distress there, after exertion; while the neuralgia of the intercosto-humeral nerve indicates structural disease. I should look

for atheroma about the aortic valve, with fatty degeneration, especially; but there may be valvular disease or an aneurism. At any rate, he will develop angina pectoris within a year. The treatment should be the iodides of strontium and arsenic, long continued heart tonics only if evidence is present of failing action; and nitroglycerin for the paroxysms.

On page 327 Dr. Sneider asks for a remedy for gonorrheal rheumatism. The only success I have ever obtained was by the use of the sulphides of arsenic and calcium; three granules of the arsenic and six to ten of the lime every 24 hours.

If Dr. Harper (page 332) will give his consumptive calcium sulphocarbonate instead of the zinc salt, giving two scruples daily, with ten grains of iodoform, he will have no further difficulty with the diarrhea.

I would like to add in Dr. Clarke's case of typhoid fever (page 336) that to get the full effect of the sulphocarbonate, it must be pushed until the stools become inodorous. Usually 40 grains per diem suffices, but I have had to give 100. When this effect has been secured, the dose may be reduced so as to keep up this effect. If there is diarrhea, use the zinc salt; if not, the soda; and in convalescence, the lime. For nocturnal delirium, give granules of zinc valerianate; or, better, caffeine valerianate.

Do your readers want something that will please them more than anything they ever owned since the time they found a woolly dog on the Christmas tree? Then let them send for a bottle of ethyl chloride Bengue, and use it as a local anesthetic in superficial operations requiring momentary anesthesia. Take off the cap and turn the point towards the part to be anesthetized, holding it about a foot away. Do not bother about filing off the glass tip and fitting on the other cap, as per printed directions. This is not necessary. If the fine jet does not appear, prick the end slightly with a pin. The skin against which the jet falls becomes white, when anesthesia is secured for a minute or so, long enough to open an abscess.

Masonic Temple, Chicago.

## YELLOW FEVER CONCLUDED.

## "THE DOSIMETRIC IDEA."

By W. L. Coleman, M. D.

Failing to make satisfactory arrangements with the Spanish authorities as to safe transportation, etc., I was compelled to abandon my long-cherished desire to go to Cuba to study and treat yellow fever in its artificially acquired habitat, where it has become an endemic disease, and the time wasted in correspondence, together with my mind being almost wholly occupied with the subject of yellow fever, caused me to neglect to prepare a paper for the September issue of our incomparably superior monthly, the Alkaloidal Clinic.

But I feel assured that your many readers will not regret this neglect of mine, for I have long since concluded that my articles contain too many "high-sounding, senseless verbiages" to be suitable for such a practical and useful journal as our editor has made of the Clinic. "It is the most readable and interesting medical journal I ever saw," say both professional and lay parties to whom I have given a copy, and I have had some of my clientele subscribe for it and get the premium case, with which they were highly pleased, and they look forward eagerly for the coming of each number and say they read everything it contains.

Many others have said they would subscribe for it, too, if it were not for these terribly hard times, and I have no fear that a dissemination of a knowledge of alkaloidal therapeutics and the use of the granules will injure my practice, as several druggists have predicted, for after ten years of experience I have not learned all that can or should be known about the proper administration of what I call the surest, safest and best medicines, the alkaloidal granules.

Now, I want to say a few things about these same alkaloidal granules, but I also want to dismiss the subject of yellow fever with the statement that its continuous history, down to the present day, clearly sustains and demonstrates the truth of Dr. Audouard's theory, conclusion and prediction,

which he formulated after three years of careful, patient, painstaking investigation of the origin of the disease. As stated in my first paper, his theory was that it was the result of filth, the peculiar filth of another race under extraordinary conditions. His final conclusion was that the "specific infection" which produced yellow fever originated and issued from the holds of slave ships, having been engendered by the putrefaction and fermentation of the dysenteric discharges and other filth of those miserable beings who have been crowded and closely confined therein. He proved this beyond all doubt and controversy in the epidemics which prevailed at Barcelona and Passages in 1821-23, and afterwards showed that in all the ports of Spain where yellow fever raged so terribly there was an intimate connection and association of the disease with the presence of slave ships in the harbors of these ports.

Any unprejudiced investigator, who will review the history of this terrible scourge, will readily admit the incontrovertible fact that yellow fever has always been a close attendant on the slave trade, both as to place and time, having followed its rise and decline in every port on our Atlantic seaboard from Cape Cod to the Cape of Florida; and, disappearing from these ports when this cruel traffic was abolished, established itself in the ports of the Spanish Antilles and those of Brazil, as these countries surreptitiously encouraged the contraband trade to within a few years ago. Dr. Audouard's hope and prediction was that yellow fever would disappear from the world and its name be stricken from the list of diseases when man ceased to enslave his fellow man; but will this time ever come, for even now it is said that the emancipists of Cuba and the Chinese coolies of Brazil are in far worse state of slavery than the slaves of the South ever were.

But to return to the alkaloidal granules, which I said are the surest, safest and best medicines. To a man with three grains of common sense, it would seem that no explanation of these words was necessary; but it is surprising the amount of prejudice

and skepticism that is to be found among the members of so-called regular medicine, and which keeps them from investigating what they suppose is irregular—so I will say they are the surest because they contain the active principles of the same drugs used by these same regulars and all other schools of medicine, and therefore produce always exactly the same effect, barring idiosyncrasies in a few exceptional cases. They are the safest because the active principle has been so accurately divided, mathematically and mechanically, that each granule contains exactly the same amount, so that the physician can administer them so as to produce exactly the effect he desires, which is the therapeutic or curative effect, and which cannot be done by any other preparations of the drugs from which these active principles are obtained.

The two foregoing propositions being admitted to be true, the third, that they are the best, is necessarily so. And now I hope our much esteemed editor will pardon me if I criticise a little and differ from what he calls the dosimetric idea, as I had the temerity to do with the illustrious author of the method when I first adopted it. Dr. Burggraave says: "Give each medicament just so far as to produce the desired effect, and in small doses; and that the desired effect must be produced without taking into account the quantity of medicine given." I wrote him that no man or woman in America could take his granules of atropine, daturine and hyoscyamine, 1-134 of a grain each, as he so often directed in his writings, every half hour or so, or as I added, even every four hours, for the physiological effect of one granule of these remedies was too powerful for good in any case, and it always alarmed the patient. Our editor, in answer to my whilom correspondent on the subject of dosimetry, Dr. Rohmer, says: "While the dose of atropine in the Chanteaud granule seems unnecessarily large, yet one must not lose sight of the fact that the dosimetric idea is to repeat until effect, so if the dose is larger the effect is produced all the more quickly." Horrors! this equals the allopathic direction to give the tincture

of aconite every six hours till constitutional effect. Let me again quote Prof. Laura, of the Turin University, who, though using "high-sounding words," expresses the idea exactly: "The office of the medicament is to progressively bring pathological disequilibrium back to physiological equilibrium, and to do this by forces proportioned to the amount of resistance—never by ill-calculated or excessive display of strength," or, to use Yankee vernacular, "by main strength and awkwardness."

That is to say, we give aconitine in small, frequently repeated doses, in all the pyrexias and inflammatory conditions till, by its continuous progressive effect, the pulse and temperature become normal; as the alkaloids are quickly eliminated, there is never a sufficient quantity in the circulation at one time to produce any of its ill effects, such as numbness and tingling, nausea, incoercible vomiting, etc., which so often follow the large doses of the galenic tinctures and fluid extracts, though given at such long intervals.

My conception of the "idea," then, is to give each medicament indicated in any particular morbid condition we are called upon to treat, in small doses, frequently repeated, till its therapeutic effect is apparent, but stopping it short of any toxic action.

Houston, Tex.

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With all due respect to the author, your editor fails to see the force of his criticism on our reply to Dr. Rohmer, August Clinic, page 291. He may properly object to the dose of atropine, gr. 1-134, being applicable in all cases, but it could be used by most adults with impunity, and might require a second or third at intervals of one-half to one hour to produce the desired effect.

Dr. Coleman's statement of the "dosimetric idea" is ours exactly. That is, that we would give the smallest possible quantity, of the best obtainable means, necessary to produce the desired therapeutic effect. It is the frequent, skillful taps, and not the giant blow, that splits the valuable stone in the right direction. With this we will let the matter drop, as it is evidently one of mis-

understanding and not of difference of opinion.—Ed.

PATHOLOGY AND THERAPEUTICS  
OF THE FEMALE PELVIC  
ORGANS.

By W. C. Buckley, M. D.

(Third Paper.)

**Pelvic Hyperemia.**—This term implies weakness and distension of the capillary vessels of any portion of the pelvic organs, whether belonging to one particular tissue or another. That there are two forms of hyperemia mentioned in the text books, all are aware. It is the passive form, more particularly, that engages our attention herein. We find in practice that it is frequently difficult to determine those which have the retarded circulation. Every practitioner recognizes such a distinction and speaks of the latter class as congestive. It is this condition of the pelvic organs which I desire particularly to keep before me in what shall be said in the following pages.

In these cases there is real loss of power in the circulating organs—the heart and arteries. In consequence of this loss, and in proportion to it, we have an accelerated action, a frequent, weak pulse. Sometimes this accelerated action is forcible, as in the active condition, but in the more marked cases there is a feebleness in both heart and arteries. We notice as soon as we place the finger on the pulse that there is either a weak, soft, open pulse of debility—cerebro-spinal excess—or a weak, contracted and more or less wiry pulse—ganglionic excess. We see, therefore, how important it is not to treat names of diseases, or supposed pathological conditions, but to treat the patient with her real and well ascertained bodily conditions as regarding deficiency, excess and defect.

But it is not so much the heart and arteries that concerns us here as it is the capillary system. In pelvic disorders it is their beginnings that we are most concerned with, and these are in the smaller tubes. Those smaller vessels have so lost their re-

siliency that the current of blood through them is very sluggish and, in the severer cases, it almost ceases. Now, the general capillary congestion is the same kind and differs only in degree from the local form. The symptoms of these conditions are those of loss of functional activity, as pain in the umbilical region; pain in the hypochondria; pain in the hypogastrium; feeling of weight or downward pressure in the lower abdomen and pelvis; pain across the abdomen; often griping, cutting pain, with or without being followed by stool; flatulence; fullness of the abdomen with flatus, etc., etc. The fever is never found as great in the passive variety as in the active form.

We can readily see that impairment of nutrition and secretion is principally dependent upon derangement of the capillary circulation, rather than upon excitation of the heart and larger arteries. The re-establishment of proper nutrition and secretion are the principal objects of treatment. Such being the case, the reader will be enabled to place proper value on those remedies that best correct the lesion in the easiest, quickest and safest way possible.

**Treatment:** There are several plans of treatment that have been employed in these cases and each of them offers some advantages. An acquaintance with the works of authors on uterine therapeutics, of whatever school, reveals the fact that they all agree on one thing, that is, the use of means to overcome the capillary congestion. But the means adopted to secure this effect may differ very considerably, while the principle of therapeutic action may remain the same. Some contend for and employ the use of revulsives as blisters, poultices, etc. Some believe in local depletion by the extraction of blood by scarification, leeches, etc., but all agree as to the necessity of diminishing the calibre of the vessels connected with the plevic organs and relieving their hyperemia or congestion. This is to be regarded as the essential preliminary to the assumption by vitality of full control over the parts affected.

The peculiarity of the methods now to be especially considered, is the superior efficacy claimed for them in the direction above



indicated. They afford very great, if not perfect control of the various causes of hyperemia or hyperemic conditions. While they directly afford relief to the circulation by acting upon and through the different nerve-centers concerned in its movements. They also cause intestinal, mechanical activity and hence absorption of fluids at congested points. As these produce progressive amelioration of all symptoms and prove rapidly curative, it follows they supply still further evidence that local hyperemia is the beginning of the ordinary pelvic diseases. The fact of the existence of pelvic hyperemia as preliminary to pelvic disease is still further substantiated by all evidence indicating an adequate cause.

The plan of treatment above alluded to is the use of special medicines, the combined use of sedatives, stimulants and tonics acting through the sympathetic system of nerves to restore capillary circulation, to be followed in a suitable time by massage and the Swedish movements.

It has frequently been stated, in different articles by the writer that aconitine, gelseminine and veratrine had this influence and that in some of the milder cases they will prove sufficient. But sometimes they require to be combined with strychnine and digitalin; sometimes also the external applications of heat, friction and other topical stimulants are useful. There are several other remedies that should be used in the more stubborn and chronic forms and they may be very appropriately called specifics. They are helonin, caulophyllin and macrotin, especially when combined with a suitable preparation of hyoscyamine. A large clinical experience by many observers has proven the correctness of these conclusions, but be sure in all cases that these principles are derived from good materials and are preserved in a proper form for use. Compressed tablets of these articles are not certain of effect. They grow too hard for the quick action of the solvent juices of the stomach. They are best preserved in a coated pill. Their effects will be noted in from one-half to one hour. The four active principles named are the components,

as many know, of the Uterine Tonic bearing the writer's name.

A case reported from one of our clinics will serve to illustrate. A woman aged thirty-eight, mother of four children, two still-born, whose health had been gradually declining for about eight or nine years, at last had become very seriously enfeebled. From her extreme anemia and great prostration, she was much of her time compelled to keep to her bed, yet forced from poverty to do all the work possible for her family. The local symptoms were pain in various parts of her abdomen and other common attendants of pelvic hyperemia. Examination by touch revealed a large and heavy uterus, and the speculum gave evidence of a swollen, tender and congested neck surrounded by a granular and abraded appearance. The os emitted an albuminous discharge.

This woman improved very remarkably in the course of three weeks under the following local treatment. A depleting and antiseptic suppository, (Abbott's) every night. A pill of Buckley's Uterine Tonic and a granule of strychnine arseniate together four times daily. A dose of seidlitz salt every morning and four granules of Sulphur Compound before each midday meal. Through this treatment a marked improvement in health was apparent in less than a week; and in three weeks she was thankful to acknowledge that she was better than she had been for several years.

Could this patient have proper treatment by the Swedish movements in the hands of a thorough attendant, a perfect and lasting benefit might be secured.

Several books on the Swedish exercises are to be had, a very good one is published by the National Subscription Co., of Philadelphia. It is a book useful to the physician as well as to the patient. It gives directions for the application of these exercises and thereby saves the physician time that would otherwise necessarily be employed in giving these instructions.

If time and space were at my disposal I should like to give some cuts and directions relating to this work; but I must forego this pleasure. I must, however, add that these



movements for such and similar cases as I have described, after proper sedative and tonic medicines have been used, will be found in many cases to produce the most gratifying results. Muscular movements are ordinarily produced by the volition of the patient and may often be thus employed to advantage, but those originating outside of the body may be made without any effort on the part of the patient whatever. This activity and development of the muscular system may be made by the hand of the manipulator if necessary or through the mechanical contrivances designed and adapted to this purpose. The Abbott Alkaloidal Co. prepare and furnish all the medicines and preparations named above, and they can be ordered by mail and sent to all parts of the country. See their free price list which contains also excellent therapeutical suggestions in regard to treatment.

723 Berks St., Philadelphia, Pa.

#### HYGIENE IN THERAPEUTICS. (Fourth Paper.)

By. W. C. Derby, M. D.

In my last article in this series, I closed by saying that in my next I would speak of the relation hygiene sustains to marriage, or its bearing on the physical, mental and moral endowment of children. That the moral development, as well as the physical and mental, depends largely on intelligent matrimonial alliances, no physiologist worthy of the name can doubt. If the existence of the mind and possibility of moral operations depend on the gray matter in the cerebral cortex, then is it not certain that the mind is influenced by the quality of this cerebral substance? For this reason and on these premises, may not a correct theory be formed in relation to moral and spiritual tendencies? Is it not reasonable to suppose, if this be correct, that transmission of good and bad moral qualities comes in a large matter at least, through the make up of gray matter in the brain of ancestry? If this be so what about indiscriminate or haphazard marriage?

Some physiologists claim that other hidden and as yet undiscovered forces connected with nerve structure as well as the cerebral cortex have much to do with the development of mind qualities. Whatever mental forces emanate from, or however disseminated mind-residence may be, the importance of proper matrimonial alliances is not changed. That those who marry should be of mature age, having a well-developed mind in a sound body, no one who has given much thought to this subject will deny.

Query. Is it reasonable to suppose that children born of very young parents have an equal chance to be well endowed physically and mentally with those born of mature parents? A German investigator, after extensive inquiry, involving many thousands of children, found that children born when either parent was under twenty were much more likely to die in infancy than those born of parents of more mature ages. Also that those children born of mothers of twenty-five or over, and fathers not under thirty, were best endowed physically. This investigator claims that the world's population would not be less, nor increase in less proportion were early marriages never consummated, as the offspring of such are much more likely to die in infancy than the offspring of parents of mature age.

While it must be admitted, for obvious reasons, that less business would fall into the hands of the physician if only those of mature age were allowed to marry, still as philanthropists ought we not as a profession to discourage early marriages? There is comparatively no excuse for womankind to marry at an early age in this last decade of the 19th century. Nearly every avenue of honest employment is now open to women and their services, in cities, are more sought after than men, to fill places of trust and responsibility, for the reason that they are not as liable to fall into questionable habits. For these reasons, marriage in early life is not a necessity with a woman of average intelligence. I have noticed with regret the concern mothers sometimes manifest lest their daughters should have no

offers of marriage before twenty, whereas I hold it would be far more to the highest interests of girls under that age, to persuade themselves to attend more strictly to preparatory work, such as shall fit them more fully for the earnest duties of life and that sphere of usefulness that is in possible reach of every young woman. The cultured young woman, so far as my observation extends, does not care, as a rule to marry young.

The turn my subject has taken may seem like a deviation, but I felt I could not well avoid, what may seem to be somewhat irrelevant in my attempt to discuss hygiene in marriage. In my next paper in this series, I will speak of the importance of preventing crime and imbecility through the agency of proper union of the sexes.

White Cloud, Mich.

## RHUS TOXICODENDRON IN RHEUMATIC AFFECTIONS.

### A Case Report.

By A. T. Cuzner, M. D.

The following is an account of the action of rhus toxicodendron in the case of my wife, who was suffering from an attack of rheumatism.

Before recording the action of the medicine, I will preface by a few extracts and remarks on the nature of the disease. Sir Thomas Watson in his "Practice of Medicine," page 1058, 4th London edition, says: "This disease—rheumatism—depends upon the presence of some poison bred within the body. This poison constitutes that predisposition to the disease, without which it would never occur. The poison is probably a product of unhealthy assimilation."

From Dr. E. Tronessurt's work on "Antiseptic Therapeutics" we extract the following: "In a great number of diseases we observe all the symptoms which ordinarily characterize the microbe diseases, but we have not been able to discover any microbe to which might be attributed the origin of inflammations such as are consecutive to alterations of nutrition; of these, acute rheu-

matism is the most complete type. The cause of these diseases is a perversion of the functions of certain cells of our tissues and organs, cells which pour into the economy abnormal matters, or even normal ones in exaggerated proportion. These matters constitute veritable toxines whose effects are similar to those of the toxines produced by the pathogenic microbes."

This similarity is a fact which should not cause surprise. The natural history of the cell shows that it possesses an organization and properties similar to those of the microscopic animal or vegetable cells which live as parasites in the organism and are designated under the general names of microbes. The former, when perverted in their functions—diseased—become thereby veritable parasites—foreign bodies—which the organ hastens to eliminate by the well known process of inflammation, just as it does in dealing with microbes. The elimination of these toxines, is effected by the kidneys, by the intestines, or by the skin.

Acute articular rheumatism is a disease, which is not essentially microbian. It is well to bear in mind, that the microbe is everywhere at present. It may be dormant, but ready to revive, grow, and destroy when the conditions become favorable."

If the pathogeny of this disease outlined above is correct, then the treatment proper will at once suggest itself to the mind of the qualified physician. Of the remedies used in this complaint (and their name is legion) how many physicians stop to consider the physiological action of the drug used? Are not most of them used empirically?

Dr. Aulde (p. 267, August Clinic) has struck the keynote of a rational treatment. Not so much by presenting a valuable remedy to the profession, as by his explanation of the mode in which it acts as a curative agent. Doubtless there are other agents nearly as effective when used in a proper manner.

Now as to the action of the drug in my hands. As soon as the sample of rhus reached me, which it did promptly (as is usually the case with all medicines sent me by the Abbott Alkaloidal Co.), I commenced to administer it, one granule every three

hours. I stopped all other medication at once, with one exception; my wife's condition requiring the administration of a cathartic, I gave her one grain of calomel rubbed up in a mortar with ten grains of bicarbonate of soda. The cathartic acted promptly and kindly.

I noticed that from the time I commenced to administer the rhus the rheumatic symptoms decreased in severity and she continued to improve rapidly as long as the medicine lasted. After it was gone, I gave her benzoate of lithium and she still improved, but not so rapidly as under the rhus.

She is now at the present time almost recovered from the complaint. When the new supply of rhus, just ordered, reaches me, I will try it on another case.

Dr. Aulde will please accept my thanks for his valuable contribution to the Clinic. It has helped me and will help others.

In conclusion, I think if we look more to the elimination of the diseased products of the body through the main channels of excretion—the kidneys, skin, and bowels—administering at the same time such remedies as increase all activity within healthful limits, we will be apt to meet with greater success in our fight with diseased conditions.

I hope to hear from more of the brethren on the subject of Rhus Toxicodendron in Rheumatic Affections.

Gilmore, Fla.

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This is the nearest exposition of our own idea and practice that we have ever met and it is so clearly and forcibly stated that Clinic readers should have no difficulty in retaining it. Cut off the supply of toxines, eliminate those already formed with laxatives and diuretics, improve the character of the digestion and assimilation and allay local inflammations with ice-cold applications (see Current Literature this issue, and p. 382 Miscellaneous Department) and your patient is well cito tuto et jucunde. Notice that nothing has been said of the salicylates, salol and like drugs. Don't use them.—Ed.

## TYPHOID FEVER IN CITIES.

By John Aulde, M. D.

Comparatively few physicians in general practice realize the serious ravages produced in cities by typhoid fever. During the past year there were no less than 4,500 cases reported in the city of Philadelphia, and of these 469 died, showing a mortality in excess of ten per cent.

According to newspaper reports, an epidemic has recently manifested itself in the great and prosperous city of Chicago, no less than 500 cases being reported to the board of health within a few days. Evidently, this unfortunate state of affairs must be due to causes which might be prevented, and there appears to be a well founded belief that the water supply is at fault.

No doubt many of the cases which occur throughout the country arise from polluted water, but we must not overlook the fact that this disease is infectious, and hence may be "carried" from person to person and from house to house, through lack of proper sanitary precautions. Where the conditions are favorable, it is seldom that a single case is the limit to which it extends in a single family, and not infrequently it becomes epidemic in sections of a city shortly after the appearance of a single case.

The object of the present paper is to call attention to one of the overlooked predisposing causes to the disease, together with a suggestion relating to prophylaxis.

The evidence is overwhelming that typhoid fever is produced and perpetuated through the influence of a micro-organism, and as we know that this micro-organism, like pathogenic micro-organisms responsible for the appearance of other diseases, may be present in persons who do not subsequently show evidences of infection, it follows that the human body may be proof against it; that is, that, owing to certain circumstances which we do not now fully understand, the tissues may be able to resist its inroads. This resistance, or lack of susceptibility, is due to the condition of the

cells which, under ordinary circumstances, are subject to attack.

Every physician, nurse and visitor who enters the room of a patient, or a hospital ward devoted to the treatment of typhoid fever, undoubtedly takes into his system some of the infectious elements. Should this substance, whatever its form, be inhaled, it is scarcely possible that harm will result; however, should it reach the stomach, and the condition of this organ be such that it is not immediately destroyed, it will readily find its way into the small intestine, where it finds a suitable nidus for development. But even here, the conditions must be favorable, for if the body cells possess their normal resisting properties, no manifestations of the disease will follow.

We must give nature credit for a certain degree of conservativeness, else everybody would be affected by disease. It follows, therefore, that the person thus exposed may or may not become the subject of disease, everything depending upon the special condition of the cells susceptible to invasion; and this, again, as a rule, must be dependent upon the general condition of the system. It is assumed, therefore, that any person with a normal condition of the body, which includes a healthy condition of the alimentary tract, will not be attacked by typhoid fever; but this assumption does not carry with it the impression that under continued exposure the resistance will be maintained indefinitely. Indeed, there may be temporary conditions in which resistance is absent, brought about by indiscretions in diet, a debilitated condition of the system from fright, exhaustion, prolonged loss of sleep and other like causes, all of which must be taken into consideration.

One of the overlooked predisposing causes of typhoid fever then, we must conclude, is the temporary absence of normal resistance, as outlined above, and this in turn depends upon the nervous system. And, although it is quite true that persons with "nerve" do not so readily suffer from typhoid fever, no claim is set up that the disease is of nervous origin. The writer has witnessed so many evidences in confirmation of this view while engaged in private

practice that he has almost come to regard it as an axiom that those with good general health and plenty of nerve will escape, while those lacking in the latter essential will most surely succumb on the least exposure, be it drinking water or direct infection from a case. Not only physicians, but the general public, realize how important it is to avoid excitement in the case of sickness, and especially epidemics, but no one of a statistical turn of mind has undertaken to elaborate the theory and give it a practical demonstration.

While on this topic, it will be profitable to introduce a suggestion relating to prophylaxis, since it is even of greater importance that we should be able to prevent the disease than that we should possess the means of arresting or aborting it when once established. The first thing in order, and very naturally, too, should be directed towards the nervous system; but the condition of the digestive tract is of scarcely less importance. These two factors are so interdependent and closely related that their relative merits and joint influence cannot be well elaborated in a few short paragraphs. At least those not familiar with the most recent observations relative to the independent activities of cells, together with the knowledge which we now possess in respect to the special functions of cells, individually and collectively, will scarcely be able to comprehend the complexity of the situation. For example, the peptic cells perform their functions independent of their nerve-supply; so do the secreting cells of the small intestine, and of the kidneys; and probably the same is true of the various groups of cerebral cells, the connection with the general nervous system being for the purpose of making a complete organism.

Apparently, then, the human organism is a very complicated affair, as, although the various cells perform their functions independently, a general derangement of the nervous system results in arresting their function, a condition generally referred to as a "functional" derangement. It is evident, therefore, that the most effective means of promoting prophylaxis must be through the nervous system.

But what is "functional" derangement? Is it anything which can in any instance be described more definitely? Yes, indeed! We have come to understand pretty well what constitutes functional derangement of the stomach and small intestine, but when we come to interrogate the cerebral functions, our scientific horizon is far too limited. Many persons, however, suffer from chronic functional derangement—in sight—due to faulty elimination of waste products, and this is notably true of those who are attacked with typhoid fever. As a general rule, those who recover without untoward event in the course of the disease enjoy better health than for years before, simply because the disease and the remedies administered, together with the effect of the poison upon the cellular structures of the body, have so stimulated cellular activity that sub-oxidation does not occur. The same is true of patients suffering from abscess, boils, carbuncle, and in cases of surgical operations. The old practice of bleeding furnishes an excellent illustration of this principle. Nearly all patients subjected to the bleeding process quickly acquire strength and increased weight—owing to the leucocytosis attending or following the operation.

It is not so much that the poisoned blood is withdrawn as because the leucocyte finds a stimulus for its proper work, namely, that of distributing the antiseptic provided by nature. Instead of bleeding, however, modern medicine provides a more acceptable remedy against sub-oxidation, a remedy which possesses the property of stimulating the activity of the leucocyte. There is abundant evidence to show that the normal product of the leucocyte partakes of the nature of a ferment, and when, through "functional" derangement, this cellular activity is dormant, it may be rekindled by supplying it artificially. Of course, I refer here to nuclein obtained from animal sources, a remedy which has been shown to produce leucocytosis, and one that I have used repeatedly, either alone or in conjunction with other appropriate remedies, for the prevention of attacks of illness, stimulating typhoid fever as

well as arresting or aborting the disease when once established.

Philadelphia, Pa.

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We recall a forcible illustration of the infectiousness of typhoid fever under certain favorable conditions, when the body is unable to destroy germs, from our own experience.

Although we have treated typhoid fever for many years with impunity, some five years ago, recovering from an attack of inflammatory rheumatism (which typically illustrated the position taken by Dr. Cuzner in his article in this issue) we were urged, against our better judgment, to visit a little friend (in care of another physician) with typhoid fever, "just to see if he was getting along all right," and in less than a week came down with the disease and barely escaped with life. With returning health we have been enabled to resist contagion as before.

We can heartily endorse this article from beginning to end, particularly in regard to the prophylactic and curative action of nuclein in all cases where an increased leucocytosis can accomplish this result.—Ed.

#### MEDICAL LONGEVITY.

The average duration of a medical man's life during the sixteenth century was thirty-six years, five months; in the seventeenth century it was forty-five years, eight months; in the eighteenth century forty-nine years, eight months; and in the nineteenth century fifty-six years, seven months. It would appear from these data that—whether the survival of the fittest or not—the duration of medical life has been increasing in a marvelous manner. Should the same rate be maintained practitioners of medicine may ere long look forward to centennial honors.

This is doubtless to be accounted for by the frugal diet and abundant exercise of the average doctor. He escapes the enervating effects of luxurious ease. If this continues the surest method of obtaining longevity will be to become a doctor.



# REPLY TO EPSTEIN'S QUESTIONS ON NATURAL SEX-LIFE AND ITS ABUSES.\*

By S. B. Pratt, M. D.

Dr. Epstein, on page 330, Sept. Clinic, asks: "Would I recommend the dosimetric maxim of 'small doses often repeated' in sexual life?" The serio-comic aspect of this suggestion has convulsed me several times, both on the street and at the bedside. It is a very pertinent query, however, in view of the lack of the why and wherefore which caused me to use the expression.

Short and concise articles are appreciated by editors. In "Natural Sex-Life and Its Abuses," I was too short, perhaps. I did not mention the fact that both the lady mentioned and quite a number of others, together with some female physicians and ministers, were banding together upon the ground that copulation—copulation together with orgasm—should occur solely for the one purpose of conception—that is from one to perhaps fifteen times in a lifetime. In this light I held forth the dosimetric maxim.

I further backed it up by stating that a man would in all probability gradually lose his virility by thus checking himself, as did, for instance, Sir Isaac Newton and others wholly averse to the sexual relation. That the only followers of such a creed would be those naturally lacking in sexual force, or those abnormally lacking in that direction by reason of incompatible relations, overindulgence or because irretrievably wedded to self-abuse, and even worse.

I stated that the stamina and concentrated power which based the forceful male element, and which gave it that abundant physical nerve-force which also attacks and holds the female of all species, was as absolute and tangible a force as was, for instance, electricity. Its tangibility was remarkable, if we but stopped to watch our sensation

under different conditions and with different persons. That there was a vast study in just this one portion of the subject alone. That our ignorance of this study as a science was the cause of a great deal of unnecessary suffering, both in married and unmarried life. That if this nerve-force were not a tangible, dynamic action, then self-abuse would not harm the female; nor, before puberty, would it harm the male either.

Being tangible, therefore, it must necessarily, like electricity, be the resultant of exact chemical (physico-chemical) changes and combinations. The residue, or precipitate, of the changes producing it is shown, after puberty, mainly in the semen and ripened ovules. Before puberty this precipitate, not as semen of course, goes directly toward the initial construction of the growing body. After puberty, in the emaculated, it goes toward a coarsened, over-production of the body.

After puberty, in the normal human being, if the semen is not normally and naturally ejected, and granting that it does not pass off at night, with the urine or as in spermatorrhea, then either the testes must cease acting or the semen be reabsorbed into the body. If the testes cease acting, like any unused organ they will deteriorate in ability to act.

Moreover, as they cease to secrete semen, that resultant sympathetic, physical and outgoing nerve-force, which is the direct and exact outgrowth mainly of this formation of semen, will largely cease also; and with it, of course, will go that warm, loving, sexual foundation of healthy, hearty, attractive physical sex-life, and people in this position are, unless strongly scientific in make-up, bad judges of the normal human being, and dangerous teachers.

If the testes do not cease to act and if the semen is reabsorbed, it becomes more or less of a poison to that body, however beneficial it might prove to another body whose vibrating nerve-action was different. What physician would expect beneficial results to accrue from ejaculating his own semen and injecting it again into his own body? It has performed its office for that body, and one

\*The circumstances giving rise to this masterful paper are as follows: Dr. Pratt contributed a very interesting paper to the August Clinic on "Natural Sex-Life and Its Abuses," regarding which Dr. Epstein in his review asked some very pertinent questions which Dr. Pratt kindly answers. Back numbers for August and September will be sent on receipt of 10c each.

might as well expect the precipitate of a chemical electric battery to reproduce the electric current in that battery again as to expect the reabsorbed semen of an individual to reproduce in that individual again the sympathetic physical sex-force which was the resultant of its first production.

Yet, both these ladies of whom I spoke and a large number of other people, are going upon this principle. They think that the law of life lies in hoarding up instead of giving out. They do not, or did not, see that the foundation of all life lies, as we say in money matters, in the law of the nimble dime, and not in that of the lazy dollar. That it lies in divided, sympathetic action—refined, normal use—a full and complete exchange of forces and products as present needs demand—in other words, that it lies in the dosimetric maxim up to the normal limit demanded by the intelligent and instinctive condition of the moment.

These enthusiasts, however, had allowed their fancy to run away with their judgment. A little knowledge has proven a bad thing for them, inasmuch as it blinded them to other knowledge. Moreover, they honestly backed up their position with pamphlets by medical men, which they were sending out broadcast over the land.

In those sent to me the arguments used were, for the most part, very unscientific, although couched in scientific terms. Sifted, they could be classed under three heads. Sex-function should never be exercised save for the one purpose of conception. First, because of its world-wide and general abuse, together with the venereal diseases resulting therefrom. Second, because all who differed from the self-constituted righteous stand of these people were either dishonest or mentally diseased, and worthy only of being denominated by naughty names. And, third (and this surprised me most—was, in fact, what at last started my lazy bones to take up the pen and write the previous article under discussion) by part statement and part inference, together with the blinding use of scientific terms and the names of celebrated physicians, they led the unwary to the enthusiastic conclusion that the law of

the ductless glands applied also to the testicles.

These honest people—and they exercise wide and enormous influence—were thunderstruck when I pointed out that ductless glands were but modifying glands for mid-processes of the internal economy, whereas the testicles were possessed of extensive ducts leading—to the female vagina! And, if nature was any criterion, semen, to the individual secreting it, was a valuable refuse, manufactured expressly for the use of others, and not for hoarding up or for abuse in either direction. I told them that they might as well start a raid against kissing, as an undoubted means, at times, of communicating disease, as to hold venereal disease as an argument against all sexual intercourse; and that the imputation of dishonest motives to an opponent in the scientific field was but dodging the point at issue by bringing up a side issue—just as the bull-fighter tricks the bull with a red flag flaunted in its face. It was not a manly or a scientific method, and, moreover, but weakened all who used it.

I told them to study nature as it was, and not as their, or even my own, narrow prejudices might like to find it. That to fight against nature would but bring added misery into our already frightfully artificial lives. Study to surmount the evil of sex prostitution by comprehending what constituted prostitution from the omniscient point of natural law—and unless I was much misled they would, from the honest and truthful standpoint of nature, find it as rampant under the legal status of wedded life as outside of it. Moreover, fight as they might, nature would get in the last, and the “knock-out,” blow every time.

I told them that absolute and comprehensive science was our only beacon light, and that matters of faith would but lead them to ultimate disaster.

Further, I stated that this tangible, outgoing and attractive sexual nerve-force followed the law of all dynamics and sought to produce new energies. In normal beings the positive male force was attracted by the, physically, more negative female force.

When this attraction was truly sympathetic, in a nervous sense, the two formed a strong and genuine battery, a soul union. The resulting action of this battery was a new and still more elaborated form of physical nerve-energy. Moreover, it was a higher form of energy, for the ultimate resultant of all action in matter is, in the sum total, an elaboration of that matter to a more intense and more highly vibrating condition of existence.

The result of these combined positive and negative (male and female) higher nerve currents, therefore, if based upon absolute, pure and sympathetic attraction, was to produce a new condition of energy within each element of this human battery; and the result was a correlation of everything connected with them to a higher and more intense condition of existence. I was speaking, of course, of normally healthy beings who do not abuse the sex-function.

This elaborated and more complete action of the life forces, therefore, should, and will, always be found in the sexually well-mated; save when other conditions exhibit themselves and thus indirectly defeat it in detail. But it will never be found, to any extent, with those who are not sexually well-mated. Moreover, these results are perfectly plain to all who will open their eyes. In the well-mated there is a greater abundance and peculiar fullness of physical being. Each is possessed of a broader foundation and more powerful and fulsome grasp upon life. Both are the same individuals, and yet they are not the same; for this tangible, yet intangible, something has enriched and changed the whole action and complexion of their lives. It has even idealized the humdrum of existence, although surrounded, mayhap, with poverty.

On the other hand, incompatible couples (even though, accepting the situation, they live harmoniously), the dried-up-young old maid, the masturbator (and masturbatress), etc., are living expositions of the lack and misuse of this powerfully humanizing action of the mighty forces governing the sex relation. And as something cannot come out of nothing, and as two well-mated people are,

with the exception of this sex relation, following no significantly different lines of living than before, I can see no other way of accounting for the really marvelous plentitude, exhalation and improvement which comes to them than by applying the fundamental law of all matter, viz: That any two things, between which there exists sympathy of condition and action, are, according to their condition, capable of uniting, in proportion to the sympathetic action existing between them, to form a new, and, in the sum total, more powerful and elaborate thing.

We can understand, to an extent, the sensory pleasure which results from the healthy action of any bodily function. It should be but little more difficult, therefore, to appreciate as a fact that the elaborated results of all these organic functions combined should seek still further elaboration. If this further elaboration, then, takes place under the healthy and purely sympathetic dominion of natural law, equally happy and proportionately greater results will follow. If, however, as one combined and infinitely complex compound, so to speak, this outgoing sympathetic accumulation of nerve-energy finds itself combining with the nerve-energies of another, the vibratory status of which is inharmonious with it, it is no more strange that evil results should follow than that food that did not agree with the stomach should cause illness.

Science today recognizes (?) this nerve-force, but it does not recognize the correlated, and still further elaborated, results of its living and individualized action as distinguished from its more animal, mechanical and involuntary action. And for this reason the laws governing the mighty incentives toward both the use and the abuse of sex, as well as the monstrous results for both good and evil accruing therefrom, have emanated mainly from charlatans, law courts, and latterly, as in Roman and Egyptian history, just before the fall of these empires, from those who prostitute its mighty and far-reaching power by debasing it to the money plane and handling it as an enslaving article of commerce.

Meanwhile, as invention eases our need for wholesome, natural physical labor, we are living more and more artificially every day. Our womankind are becoming more and more superficial, extravagant, non-producing, delicate, helplessly reliant upon sex and parasitical. Our children are coming helter skelter into the world (when by accident they get a chance) without any effort on our part toward giving them the best possible conditions of heredity and birth, such as shall tend to make them men and women. And while we pass medical laws, supposably for the physical salvation of the human race, yet not one of these laws touches the vital portion of that most tender and important infantile period, where death and the carelessness of ignorance hold highest carnival, to say that those under whose direct charge these slender young threads of life are placed shall first fit themselves with a reasonable amount of knowledge of the laws of life, health and disease. In fact, the whole subject is generally relegated to jest, or is squelched with the sophistry of artificial righteousness. And yet if there is a divine work in this world, and one that will unhesitatingly go hand in hand with absolute science, it is the study of the mighty sex relation from nature's standpoint, and its incalculable effect upon coming generations.

Moreover, it is the divine business of parents, both from a selfish and broad standpoint, to bequeath to their children the best possible conditions of robust, moral and physical stamina—never mind the money, don't pauperize their abilities with it, but make them work for it; both the male and the female, in their respective situations. The knowledge which shall found this divine work, however, will never appear until the question of sex relation, and all pertaining thereto, has been fearlessly investigated, exploited and dignified with the purity of nature and the intellect of science.

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Clinic space does not admit of more this time, but we assure you the author is not done yet. The article will be continued next month and following. Its interest keeps up and intensifies to the end.—Ed.



## MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

### A CRITICAL REVIEW OF THE SEPTEMBER CLINIC.

Eph. M. Epstein, M. D., A. M.

Editor Alkaloidal Clinic: The debilitating heat of the season has by no means affected the vigor of our good editor, he gives and collects for us material, in this number, valuable both for present and future use.

There is a physical individuality about a medical periodical akin to that of a clinical teacher. There are carping, self-assertive, fault-finding clinicians, for whom there seem to be no further secrets and mysteries to be solved in the vast field of medicine, for they know them all. Like unto them become all the M. D.'s whom they make, and who put their trust in them. (Ps. 115: 8.)

There are also truth-seeking clinicians, whose experienced knowledge is betokened by their modesty, and by their keen insight into these regions of medicine, where the height of our present knowledge consists as yet in the simple knowledge of the points of our ignorance. The M. D.'s which these clinicians make are like unto them, modest, truth-seeking physicians, and among these we find truth finders, too. Such are also medical periodicals. One of the many reasons why I like our Clinic is for its truth-seeking character, and the absence of that self-assertive dogmatism, which offends and disturbs so much in certain medical periodicals.

Such a truth-seeking spirit speaks to me, from the fine face of our esteemed Dr. Shaller. He listens easily yet attentively to what you have to say, and the closed lips for a time keep back his own thoughts from interrupting you, but they are ready to open to express his own honest convictions. His reply to Mrs. Griffin's misplaced complaints in the August Clinic is



good. Some of his statements, however, suggest further inquiry. He says, p. 307: "Physicians should not teach that marriage or child bearing is a health restorer." When a student, nearly forty years ago, I heard the statement from excellent teachers that pregnancy gives immunity from pulmonary consumption for the time being. My experience since, did not lead me to doubt this statement. What do readers of the Clinic say to this? What does our good editor think? Again, p. 308, "those that are happily married desire maternity." But are there not frequently happily married couples who desire neither maternity nor paternity? Said aged Miss S. B. A. to young Miss A. D: "I can't bear any children!" To this Miss A. D. replied: "Perhaps you would if you could." Again, p. 308: "There is a foolish sentiment in favor of marrying invalids," but is self-sacrificing love foolish? Physicians can no doubt do a good deal in preventing as well as alleviating the troubles of women, but they can do nothing to prevent those of their troubles which have their source in the perverted moral and industrial states of society. As men, as Christians and as patriots we can and must do much in these directions.

Typhoid fever, p. 306. My experience with alkaloidal granules, together with acetanilid and the German specific—tinct. iod., eight parts; ac. carbol., one part; 10 to 15 minims three or four times in twenty-four hours—has never disappointed me.

Cough. The reader will do well to read the short but thoroughly truthful remarks by the editor on this subject, p. 306. There is a fad abroad which deprecates all cough remedies, declares all coughs to be mere reflexes of ailing organs far away from those of respiration. There is a grain of truth in this, but also sixteen of error to the one of truth.

Dr. Waugh's notes, p. 310, are as usual replete with medical usefulness, especially so when you re-read the cases he refers to. But this is the first time in years since I have been reading his articles in the Clinic and elsewhere that I feel the unpleasantness

of differing from him in ideas that lie outside our profession, and in which I assume to be competent to speak a word. I refer to the first paragraph of his notes. I am a Hebrew by birth and have a thorough Hebrew education. I am, humbly said, a Christian by new birth, and, therefore, freed from any unreasoning prejudices. I am not ignorant of natural sciences, and have always pursued them, both for their own worth as well as for their important bearings on the moral, religious and social influences of the state and human race.

Dr. W. says briefly and sharply, "in geology and zoology the shackles of Hebrew tradition have been broken, and investigation has proceeded along natural lines." This tradition evidently refers to the Bible record of the formation of the earth's crust, and to the origination of vegetable and animal life on its surface from time to time. But in all my studies of these sciences previous to and during the rise of the Darwinian compound theory of evolution, I found no Hebrew tradition that could be called a shackle to a true natural line of investigation. On the contrary, that Hebrew tradition which was recorded several thousand years before the science of zoology was known to man, is wonderfully confirmed by the science of geology and its branch, paleontology. If, however, the doctor refers to some translation of that Hebrew tradition, he may be correct, but with such, as a Hebrew, I have no concern now, as the shackles are not of Hebrew forging.

Furthermore, Dr. W. continues: "And discussion of our present marriage system, in a strictly scientific spirit, by the physicians who alone have access to the facts, could not but be beneficial to the cause of truth." Does the doctor think, that in our present system of marriage, too, there are some Hebrew shackles to be first broken, before a scientific discussion of it could be had? The juxtaposition of the sentences might seem to imply this, but it better be left to his kindly explanation.

Sea-sickness, page 311, and its successful treatment with alkaloidal granules, is a very useful paper, contributed by our well



experienced Editor. The same subject is referred to by Dr. B. Bibby in the *Medical World* for August, '96, page 303. My own experience, which dates anterior to my knowledge of alkaloidal remedies, is that where remedies are of no avail the prone position of the patient at midship, and in the length of the vessel will obviate all difficulties.

Dr. A. T. Cuzner's paper on "A Rational Germ Theory," page 312, attracted my close attention, both for its own thoughtfulness as well as from the fact that I am his co-alumnus of the class of 1859. Our Alma Mater has taught her children to think.

Impotency, page 314, is excellently handled by Dr. J. J. Caldwell, and the cases reported are well selected and to the point. The paper is one of the many in our Clinic that have a lasting, permanent value.

Dr. James Pickett's paper on typhoid fever is very valuable and a further incontrovertible testimony to the potency of the alkaloidal (dosimetric) method to successfully combat the various phases which this disease often presents.

Colchicine in rheumatism, page 319, by Dr. Birge, is to be read and kept well in memory just now at the approach of the rheumatic seasons of fall and winter. Attend, dear reader, especially to the doctor's happy combination to mitigate the too drastic effects of the remedy, which sometimes prevents its longer use, and yet it, minus its drastic effects, is just what is necessary. In a severe case of sciatica I used it in connection with deep injections of morphine sulphate in the course of the nerve with very good effect.

Dr. Tracy's prestidigitation, page 321, has the meritorious fault that the story ended too soon. Give us, dear Editor and dear Dr. Tracy, another scene like that of the pill agent and the pill swallowing Dr. Wrinkel. It will cheer us up, us weary, worn, under-and-unpaid country doctors. We need it as a disperser of blues en masse.

Dr. A. T. Cuzner's experience with yellow fever, page 325, is one of the most instructive I have ever read. My many thanks to you, brother alumnus!

The matter of the Aulde's nuclein and the house of P. D. & Co., page 327, was painful, though instructive reading to me, for my confidence in the gentlemanliness of that firm is as great as in the perfect reliability of their preparations, and I have known them for many years. And yet Aulde's words, too, I shall never dream even to doubt. Ah, human nature, what pain thou canst inflict!

Epstein, page 329, would be immodest were he not thankful for the Editor's appreciation of his articles. As he is modest he makes his profoundest acknowledgment.

The Editor's remarks to Dr. A. C. H.'s reflex convulsions, page 332, is just what from experience my humble self would have made. Let us hear from that case again. It is too interesting to be missed.

Dr. R. A. Lee, page 332, will permit me to suggest a thorough investigation of the mediastinum and its diseases. On this subject a Philadelphia physician, whose name I forget, published a very thorough work, some few years ago, which was very highly spoken of in the *Russian Weekly Vrach*. This is a very rare subject, and the Clinic should bring it out.

Dr. Harper's report on nuclein in lung troubles and the Editor's suggestion of inorganic salts in addition, vindicate once more the fact that the alkaloidal (dosimetric) method is far from being exclusively galenical.

It is to be regretted that Dr. R. C. J., page 333, made no use of sodium nitrite tablets in his case of suspected uremia, since there seems to be suppression and not retention of urine in the case.

Dr. Chisholm's neurometer for measuring vital force, page 333, is not clear to my mind. He does not say that the two metals in the mouth are connected with the galvanometer by wires. Is there no need for it?

Bull nettle in epilepsy, page 334, reminds me to mention the secret remedy, "Mrs. M. E. Converse's Sure Cure for Epilepsy." I have seen two cases in which it was of undoubted value. Does any reader know anything about it?

Toothache and Neuralgia, page 335. A

pledget of absorbent cotton moistened with a solution of menthol (menthol one, alcohol ten parts applied to the gum over the root of the tooth, and permitting the increased saliva to flow out freely, removed the pain in my case recently. A front tooth cannot be conveniently spared.

I would thank Dr. Buckley to tell us how much tragacanth is needed in Unna's Gelanthum, page 340. Such a base must be very useful.

In re coffee, page 346, that its virtues are more than that residing in caffeine, may be evidenced from the fact of its being an excellent deodorizer when burned. When in winter the ill-smelling sick room cannot be deodorized by free ventilation, then the burning of roasted coffee on a hot stove lid will quickly accomplish the desired effect. May it not also have disinfecting qualities?

For the removal of impacted foreign bodies from the ear, page 347, there is nothing more useful than Gross' little instrument. See his system of surgery, fourth edition, volume two, page 305.

That case of goiter by Dr. W. H., page 348, with calcium sulphide, aconitine, and a laxative, is truly wonderful. But "one swallow, etc., etc."

Saline solution enemata in post partum hemorrhage, page 349, should never be forgotten by the country practitioner, and the city one not less. What useful information the Clinic collects.

Surgical tuberculosis, page 349, is another most valuable selection. Long live the Clinic and its diligent Editor, is the sincere prayer of the writer.

Eph. M. Epstein, M. D.

West Liberty, W. Va.

Dear Doctor:—I subscribe for twenty-three medical journals, but the Clinic is the only one I read from cover to cover.

Dr. A. M. Wilson.

Kansas City, Mo.

Having looked this number over don't you think that it would be a good investment to send \$1.00 for the Clinic until January, '98? See ad. page 4, for premium case.

# REPLY TO DR. EPSTEIN'S QUERIES ON DR. PRATT'S "NATURAL SEX-LIFE AND ITS ABUSES."

See Page 269, August Clinic.

Editor Alkaloidal Clinic:—On page 331 of the Clinic you ask, "Will some one who is able answer the questions which he (Dr. Epstein) propounds in referring to Dr. Pratt's 'Natural Sex Life and Its Abuses?'" I feel the importance of the question, but, like Dr. W. F. Waugh, I fear my sentiments may prove too unorthodox for the Clinic. However, as the true physician should seek the truth regardless of its popularity, I will venture to give my opinions, which are the result of long and careful investigation on this subject.

1. "Would the doctor recommend the dosimetric maxim of 'small doses often repeated in sexual life?'" Yes, if indicated.

2. "Is nature, when unrestrained by culture and righteousness, a safe guide in any department of life?" Restraint is a part of nature, as we are of nature, and restraint is one of our faculties. But its use should be based on reason, intelligence and experience, not on fanaticism. To restrain is to keep within bonds, but not to suppress or annihilate a faculty or to prevent the entire use of any part or organ of the body, except in cases of extreme necessity. We need to use restraint in eating, but this does not mean that we should cease to eat, or eat only coarse food like raw corn, or but one kind of food, but not to overeat or eat to our injury.

3. "Can the practice of medicine disregard the laws of righteousness usually called morality?" The practice of medicine should be based on facts, the truths of nature. The (so-called) laws of righteousness usually called morality are, generally speaking, not laws but lies, are not based on facts but on superstition. Those of them that are based on facts are laws of nature as well, and will not interfere with the practice of medicine or the laws of health. But whenever these (so-called) laws of morality

do interfere with the practice of medicine or the laws of nature and health that proves them to be not laws but lies, it is our duty to test them before worshipping them.

4. "Does sanitation demand polygamy or prostitution?" Sanitation demands neither. Sanitation demands a compliance with the laws of nature; demands the proper use of all organs and parts of the body; monogamy, polygamy and prostitution are not laws of nature, but foolish customs devised by ignorant people as a substitute for natural association. Free mutual reciprocal association is all that nature asks, yes, demands, and punishes all who do not comply.

5. "Does puberty justify rape?" No; nothing justifies rape. Rape is the forcible invasion of a woman, or girl, sexually, against her will (legal statutes to the contrary notwithstanding). It is not mutual, nor reciprocal. Under conditions of freedom there would be no occasion for it, as desire is mutual until crushed out by sexual asceticism. Rape results from excessive restraint; the natural and reciprocal associations are suppressed until, like the mountain stream that is dammed, it bursts its barriers and becomes for the time restless and dangerous. The remedy is not more or stronger dams, but the removal of them.

6. "Would the affirmative answer to the last two questions be a less evil than self-abuse and incompatible marriages?" They cannot be truthfully answered in the affirmative. And neither is self-abuse or incompatible marriages necessary or natural.

7. "Are nature's laws God's laws? Are they pure or cruelly impure?" (a) It depends upon what is meant by the words "God" and "God's laws," as there are, in my opinion, as many gods as there are people believing in god or gods, and there is no end of foolish assertions that are called God's laws.

They are neither pure or impure; they are the truths of nature; the natural relation of things, cause and effect, and we can disobey them only to our injury. They are not published, they are not even fixed, but

are changeable, continually adjusting themselves to the different conditions of nature; we must discover and obey them or suffer the penalty of disobedience. But nature is kind and constantly directs us to the proper course; every unperverted desire, wish or appetite is a finger board pointing the way.

I consider Dr. Pratt's article very valuable and well worth the price of a year's subscription to the Clinic, but it is only a little start in the right direction. The truths he proclaims are nearly all partial truths—do not reach the bottom. Suppression, or a persistent refusal to use an organ or part of the body, is as much self-abuse as masturbation; and this one form of self-abuse is the main cause of the vast number of "feeble women" which Dr. Shaller thinks have no right to marry.

Girls are taught to suppress every sexual desire until they are "feeble women," and then we should teach them that they have no right to marry because they are "feeble women." But what other alternative do we offer them? Have they not as much natural right to use their sexual organs as their organs of taste, smell, sight or hearing? Why not deny them the pleasures of music, fine food, beautiful clothing, etc., until after they are married, and then only that furnished by their husbands and by the labor of his own hands? It is true that marriage often makes worse the physical condition of a feeble woman, but why? Because it is not a natural condition; it is like opening the floodgates to the dammed up stream, and the reaction proves too great. Why do physicians so often recommend marriage as a remedy for many of the sexual troubles of feeble and unmarried women? It is because they know they violate the laws of nature by suppression, and they dare not advise them to obey nature's laws without marriage; they know that marriage will give the mind relief and trust to luck for results.

Man is developed from a much lower and animal form. While in the lower state the sex function was for propagation; it gave no great pleasure, simply satisfied and gave relief to the over distended vessels, the same

as urination and defecation. But in the process of development civilized man has developed a desire for sex association, for the pleasure it gives, and entirely separate from the desire for propagation; this desire is inherited and comes very early in life, while the desire for children does not generally manifest itself until maturity or middle life. This desire for sex association has been developed in the same manner as the desire for good food, fruit, fine clothing, music, etc., in other words man has become sensual, has developed a desire and capacity for pleasant sensations, and cannot live healthy and happy without the opportunity to gratify this desire.

The object and purpose of life is happiness. The happiness resulting from sex association is the foundation of all civilization; it is the stone the builder rejected but that will yet become the head of the corner. It is to render possible and more permanent the pleasures of sex association that the home is builded, that food is stored up and men and women labor to produce articles of necessity and luxury for their loved ones in gratitude for the pleasures they have received, or in anticipation of those they expect to receive, by sexual association. Why despise the foundation of all life? Why not study it and try to make it serve us instead of trying to suppress it?

C. S. Wood, M. D.

Sioux City, Iowa.

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Dr. Wood answers Epstein's questions fully and frankly from his point of view, and while many may differ from his opinion, all must admit that there is much force and truth in his replies. Usage and custom unquestionably prostitute Nature on every hand, but in civilization we look for the greatest good to the greatest number, regardless of the individual. Whether this is right or wrong for the masses is yet to be determined. While this is an extremely interesting subject we must not carry it too far, for Clinic space is limited.—Ed.

The Clinic to January, '98, with premium case, see ad. page 4, for \$1.00.

## NATURAL SEX, LIFE AND ITS ABUSES.

Partial Reply to Pratt and Epstein.

Editor Alkaloidal Clinic:—Will you allow one who is a woman and also a physician to add a few words to the discussion on sexual life, which has been started in your journal?

First, I want to answer just one of Dr. Epstein's questions, September Clinic, "Can the practice of medicine disregard the laws of righteousness usually called morality?" Most emphatically, no. No man or woman living has a right to disregard those laws either in private or professional life.

Against Dr. Pratt's statement, August Clinic, that "with man it is different. His accumulation of procreative cells can be relieved naturally and healthfully, only in one way," I would place this declaration, published in a recent number of the Philanthropist: "It is, in our opinion, that chastity—a pure, continent life, for both sexes—is consonant with the best conditions of physical, mental and moral health," and this is signed by such men as S. Weir Mitchell, W. W. Keen, H. C. Wood, S. D. Risley, Theophilus Parvin, Thomas S. K. Norton, H. A. Hare, W. M. Welch and many others.

Let us be just. Mrs. Griffin lays all the blame for the unhappiness of marriage on the unrestrained indulgence of the husband. Dr. Shaller (see "Should Feeble Women Marry?" Sept. Clinic) blames the woman who marries in a feeble physical condition. But is the fault all on one side or the other? Dr. Elizabeth Blackwell says, speaking of the sexual act, "It is so much easier for the popular mind to regard any act performed by an individual, as exclusively affecting one particular individual engaged in its performance, that it is extremely difficult for most persons to fix their minds steadily upon the inseparable double character of this exceptional human act." Necessarily there are two persons concerned, and when the function is abused, it is seldom that the fault lies on one side. Mrs. Griffin herself admits the "submission" of

the wife. Dr. Shaller says: "A man will deliberately marry a delicate, fragile girl, or even an invalid." Why, then, should not these share the blame?

Our editor is right in saying that the reason for all this "lies in the fact that our boys and girls are allowed to grow up in ignorance of these vital questions." Just here, to my mind, lies our duty in the matter. The necessary knowledge should be given by the parents to the child, and it is our duty to impress upon the parents their obligation to supply such knowledge. Where the parents cannot or will not perform this duty we should not hesitate to take their place when necessity arises.

The false modesty which has always surrounded this subject must give way to a feeling that it is, of all subjects, the most pure and the most sacred. Let us as individuals and as physicians seek to hasten the day!

Dr. Abbey Noyes Little.

Newburyport, Mass.

—:o:—

We welcome you, Dr. Little, and now that the ice is broken, let your brothers in the profession have a chance, often, to profit by your counsel. The Clinic is open to all that can help and want help.—Ed.

#### FIVE CASES OF PURPURA.

Editor Alkaloidal Clinic:—Perhaps the details of the following cases of purpura will be of interest to your readers.

Case 1—Sept. '93. Male, aged fourteen months; several large, bruised-looking spots in different parts of body and limbs had come and gone at intervals of four to six weeks since seven or eight months old. No hemorrhage or bad symptoms, other than that the child was nervous and irritable at such times; no elevation of temperature; no bad family history; other children, four to fifteen years of age, being well and rugged. The child has had attacks at longer intervals since, but is well and thriving at present.

Case 2—Feb. 10, '96. Male, aged thirty months; had capillary bronchitis when three months old; well and rugged since

then. Found the same condition as in case 1. From previous experience felt no alarm. Feb. 11 about the same; few more dark, bruised spots; temperature normal but nervous and irritable, and appetite poor; tongue coated. Cleansed the intestinal tract and cautioned about feeding. Feb 12, 10 p. m., suddenly began to vomit after sleeping. Temperature 101; circulation increased but not rapid. Feb. 13, 5 a. m., convulsions and paralysis of left side of face and body; effusion into left conjunctiva; delirium and severe convulsions till death at 3 p. m. An old lady said one drop of blood would have saved the child's life, and from the following cases I think she was half right, only a good quantity should follow the first days. Mother a bleeder, and of a tuberculous family.

Case 3—March 6, '96. Male, aged fifteen; an all-around "tough" of Polish extraction; smokes, chews and drinks. Ate a good quantity of slippery elm bark, felt languid and weak several days, and evening of March 4 suddenly began to vomit and purge; bruised spots showed on left side of face and hip March 5; hemorrhage from bowels and purpura size of dime to quarter all over left side of body; spotted as a leopard, dark red fading to dark bruised appearance on left side of face and hips; vomited a piece of elm bark size of a silver dollar and one-eighth of an inch thick; more hemorrhage from bowels, loss of appetite and could not sleep. Was called again the 6th; temperature normal; circulation rather rapid; no more vomiting; rested well that night; had another copious hemorrhage from bowels. Next day much better, and next day sent word "I need not call." He had an uneventful recovery. I knew nothing of family history.

Case 4—March 6, '96. I called on patient convalescing from capillary bronchitis; female, aged eighteen months; no bad history and other children well and strong. Found left conjunctiva and nostril bleeding freely; temperature normal and child doing well otherwise. Slight hemorrhage from bowels that night, and next day from right conjunctiva, but nothing further on right side. Hemorrhage ceased



that evening and child made good recovery.

Case 5—Lady aged 55; convalescing from pneumonia and abscess of left lung. Found purpuræ size of pinhead and pea on left side of face, did not seem to affect her in the least, and she made good recovery. By this time I began to wonder "where I was at," and if it was "catching," but have had no cases since.

Have said but little of treatment, but if worth publishing trust our editor will give us some pointers, and perhaps help a younger brother to make a better impression by treatment, prognosis, etc., than I did in case No. 2 after leaving case No. 1.

Dr. F. A. Walters.

Stevens Point, Wis.

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It is certainly peculiar that Dr. Walters should have had this succession of cases in so short a time, more cases than most physicians see in a lifetime, and he certainly should have given us the benefit of his treatment.

Purpura, like all conditions of blood-degeneration needs nuclein and the tonic arseniates of iron and strychnine to re-establish its vitality, with seidlitz salt to remove the residues of a faulty digestion which is always present. It is astonishing how quickly these cases come on, and how quickly they will get well when the body begins to react. Purpura of the brain, as in case No. 2, is usually fatal.—Ed.

#### ALOPECIA.

Iron River, Wis., July 14, 1896.

Editor Alkaloidal Clinic:—Your premium case received in good order, also the Clinic. The Clinic is the best of all books that I have received; it is what I call red hot on the side of right.

I have been using the alkaloids trituated with sugar of milk, but it is a very unhandy way. Your little granules are models of perfection. There is no guessing at a dose with them in such a perfect little case as I received with my Clinic.

Now as to that case of "alopecia," page

248 of July. He says the child's general health is good, which may appear to be the fact, but if our brother will make a little closer inquiry of the parents he will find that there is the latent germ of syphilis or tuberculosis in that child. The soft, short, downy hair is peculiar to these diseases. If this proves to be true or not, if our brother will try, for a local application, ozone ointment, 1 ounce; oil of boroglyceride, 3 drams; resorcin, 1 dram, with chrysophanic acid, 10 grains, apply at night, keeping a cap or something around the head to keep the ointment from soiling the pillow, and internally phytolaccin, 1-6, iridin, 1-67, and avenin, 1-6, two hours after each meal for the first week and then alternate weekly arsenic sulphide, 1-67, and strychnine arseniate, 1-134, one-half hour after meals, he will find that the hair will soon begin to grow. I have been in practice for 25 years and have had some experience with old chronic diseases.

Dr. Geo. E. Smith.

Iron River, Bayfield Co., Wis.

#### BRYONIN.

Editor Alkaloidal Clinic: Just a word concerning the virtues of bryonin. I handed a few granules of it to a young doctor, who had ridden some forty-odd miles on his bicycle for a first and second ride (twenty miles one evening and twenty the next morning), and was consequently very stiff the following day. Two granules every two hours relieved the stiffness and pain in about twelve hours or less, without return of symptoms. I am trying it on an obstinate case of chronic rheumatism, but it is too early yet to expect results.

W. B. Robertson, M. D.

Belfast, Ireland.

— : o : —

Bryonin is indicated in all conditions of strain or inflammation of white fibrous tissue from whatever cause, and particularly when due to overstrain or exposure.—Ed.

The Clinic to January, '98, with premium case, see ad. page 4, for \$1.00.

COCAINE FOR NAUSEA AND PAIN  
IN STOMACH.

Editor Alkaloidal Clinic:—How much of a four per cent solution of cocaine can be given by the stomach without danger, and is there any incompatibility between cocaine and mineral acids or strychnine salts. I have a very stubborn case, an old lady aged 65, who has on the entrance of food gaseous distention and a severe pain in stomach, which have resisted pepsins, acids and tonics, such as the strychnia salts. A few days ago I gave in addition to hydrochloric acid, cocaine, four or five gts, of a four per cent solution, fifteen or twenty minutes before eating, which is the only thing that I have yet done that will keep her stomach easy during the entrance and digestion of food.

Now this is securing myself and patient well enough at present, but what I am after is to know the limits of giving a four per cent solution of cocaine by the mouth to an adult, and can we expect any more good from its use than merely to anesthetize or sedate the stomach during the process of digestion. How would it do to give cocaine fifteen or twenty minutes before and hydrocyanic acid after meals for the painful digestion, and tonics to tone up and restore the digestive functions. Patient's bowels are rather sluggish; appetite poor; of a tubercular diathesis. Would tincture of nuxvomica be good, with addition of others to meet indications?

My six months' old baby fell from the bed, dislocating his wrist, which was not noticed for four or five hours later after awaking from sleep. The dislocation was then set naturally, and just right, but there formed a tumor about the size of a buckshot on the under side of the joint. It does not appear to be sore. Is it a glandular formation caused from extension and straining the part in reducing the same? It is readily movable, as if it were a shot lodged under the skin. Can it be reduced without the knife? It isn't a protrusion of ulner or a displacement of a caspar bone. I think the Clinic is the prepared mustard with a plenty of good apple vinegar. I had rather pay

twice and get it semi-monthly. What is the best outline for sunstroke, commonly called?

Dr. Brown.

Bennington, Indian Territory.

—:O:—

There can be no possible incompatibility between cocaine and the substances mentioned, and I should think its use in the case given clearly indicated; from 1-16 to  $\frac{1}{8}$  grain may be given three or four times a day, and you are not giving nearly that amount. Your treatment is certainly excellent. You will find the Waugh's Laxative given after meals a good addition. I would suggest the "original formula," giving six, more or less, at each meal, sufficient to produce a daily stool. Constipation is probably a large element in her trouble. The lump on your baby's wrist is probably a bony deposit due to irritation. I have a similar one at this writing in the wrist of a lady 50 years old. It will probably be removed by absorption. Glad you like the Clinic.

The doctor reports in reference to his case in the June Clinic, page 215, that it is doing nicely. Those who do not recall it will do well to look it over again. The treatment suggested is a rational one for all similar cases.—Ed.

THANKS TO THE ALKALOIDAL  
METHOD.

Buckley's Uterine Tonic, Waugh's Laxative, etc.

Editor Alkaloidal Clinic:—Your valuable Clinic for the month just received, and the date on the wrapper reminds me that it is time to renew my subscription. One year ago it took me a long time to make up my mind to send for the Clinic, but this year my mind is made up in advance, and I would have it though I had to stop all others. There hasn't been a number during the year that I have not received practical information from, which I have carried out in my practice, and always with the best results. I am thoroughly won over to dosimetry, and now seldom prescribe anything but the little granules.

One noticeable effect of my adop-

tion of this method is the great diminution in the amount of morphine now used. When my patients complained of pain, morphine or opium in some of its various forms was given, but with hyoscyamine, bryonin, cannabin, rhus tox, etc., I don't give one grain of morphine now where I formerly gave ten.

Two of the most important compound granules I have used are Waugh's Anticonstipation and Buckley's Uterine Tonic. I have cured every case of chronic constipation I have treated with the former. One woman that said she had not had a passage for three years without medicine now has one every day, and has taken no medicine for a month. Buckley's Uterine Tonic has proved the "valiant comforter" it is claimed to be, in my hands. I'll have some cases to report in detail in the near future.

In glancing over the June Clinic my eye caught the heading: "Sodium Nitrate as a Diuretic." I am in need of a good diuretic at this time. Enclosed find a few stamps for which please send a sample. I have a most excellent case on which to try the virtues of a diuretic. Will report results to Clinic. Overlook the mistakes of a novice. With a hearty "God bless you," I am,

T. B. Holmes, M. D.,  
Wadsworth, Nev.

### DIPHTHERIA.

#### Treatment With Antitoxin.

Editor Alkaloidal Clinic:—There has been a great deal written in the medical journals to which I am a subscriber, of the good and bad results from the use of antitoxin in the treatment of diphtheria. I have treated four cases of diphtheric laryngitis with this remedy in the last eight months, with uniformly good results and in each case my diagnosis was verified by a consultation. The ages of the patients varied from eighteen months to three years. I will give detail of treatment of my last case, it being the same in all.

June 26th, '96, at 4 p. m., I was called to see Gertie, aged eighteen months; mother said the

child had been feverish for a few days; thought she had an ordinary cold; on examination found rapid pulse; slight fever; membrane on both tonsils, patches one-half inch in diameter, also on posterior wall of pharynx; croupy cough; labored breathing; larynx was rapidly filling with membrane.

Gave internally strychnine, gr. 1-200; whisky, 10 drops, and corrosive sublimate, gr. 1-100, every two hours. June 26th, 4 p. m.; injected 5 c c antitoxin (Mulford's). June 27th, 7:30 a. m.; child slept well through the previous night; membrane starting to loosen; breathing better; injected 7 c c. At 6:30 p. m. child better, membrane disappeared about one-third; injected 7 c c.

June 28th, 8:30 a. m.; membrane has all disappeared from both tonsils and pharynx; child better in all respects; injected 7 c c.

June 28th, 7 p. m.; child's breathing approaching to normal; has regained her voice, which had disappeared. I stopped the strychnine, mercury bichloride and whiskey and gave syrup hypophos. comp., 15 drops three times daily and discharged the case. I saw the child four weeks later and she had remained entirely well.

Dr. J. S. Mack.

Slatington, Pa.

—:o:—

Votaries of antitoxin would claim this cure for the remedy, while others would call the treatment unusually good (except the whiskey) and usually successful without it. —Ed.

### A DRY, SCALY ERUPTION OF THE SCALP.

#### Diagnosis and Help Wanted.

Editor Alkaloidal Clinic:—I have a patient, a banker's daughter, nine years old, who for four years has had a dry, scaly, itching scalp. The eruption is confined mainly to the occipital portion. It is never moist—always dry—and covered with bran-like scales. It will bleed from small points when she scratches it. Several doctors have treated her but with no success, and now she falls

into my hands. I want to cure her. How shall I do it? Dr. W. H. Blythe.

Mt. Pleasant, Tex.

—:o:—

These scalp eruptions usually require antiseptics and stimulants. These may be used separately or in combination. Such scalps also, as a rule, require oil. Perhaps lanoline is the best, vaseline will do. During treatment keep the scalp well oiled and continue to do so, as well as to make occasional applications of an antiseptic stimulant to prevent relapse. One of the best things we ever saw is a proprietary preparation known as Coke's Dandruff Cure. What it contains we know not, but its effects are charming. The following formula: Resorcin one part, alcohol and water each ten parts, looks much like it and appears to act about as well. This mixture should be applied to the scalp every two or three days. We shall be pleased to receive suggestions from others.

The free use of arsenic sulphide, calcium sulphide and strychnine will aid largely in effecting a permanent cure. Give the child granules of arsenic sulphide and one of strychnine arseniate before each meal for a week. Then replace the arsenic sulphide with two granules of calcium sulphide for a week, and so on, alternately—seidlitz to keep the bowels in good condition, of course.—Ed.

#### GENERAL PRURITUS.

Help Wanted.

Editor Alkaloidal Clinic:—I have a lady patient thirty-six years old who has a very distressing complaint in which I desire help. She first began complaining of an itching of the nose and later of a stinging sensation over her face and body, first in one place and then in another, like the pricking of a pin. It is very annoying.

Cactina at first gave some relief. I have also tried liquor potassii arsenitis, digitalis, strychnine and iron to no avail. I am now hoping to get some light through the Clinic. I am a young practitioner and this is my first attempt at writing to a journal. I like

the Clinic the best of the five journals I am reading.

H. W. Wyatt, M. D.

Poolville, Tex.

—:o:—

Doctor, while Clinic readers are thinking, give your patient a big diuretic, say fifteen grains of acetate of potash in half a glass of cold water at 10 a. m., 3 p. m. and bed-time; and every morning early give her a heaping teaspoonful of seidlitz salt in half a glass of water. This will do her no harm and may surprise you. Let Clinic readers suggest.—Ed.

#### A PECULIAR SKIN DISEASE.

Diagnosis and Help Wanted.

Editor Alkaloidal Clinic:—Enclosed find \$1.00 for continuation of Clinic. Certainly I should not feel equipped without it. It has been worth more to me than words can express—it and Waugh's Manual with Shaller's Guide. I never knew how to practice medicine before, although I've been in the field for twenty-six years. It is now with pleasure that I answer my calls, thinking how speedily, with my little pills, I am going to relieve my patients. But I must admit some failures and oh! what heart-aches when we feel so keenly the fault is with us.

I have a case that baffles not only your very unworthy servant by my brother M. D.s who have kindly lent a favorite prescription now and then, but to no avail. I'll be as brief as I can and beg for aid. My wife, aged forty; small, dark complexioned, sound, plump of figure, but weighs but one hundred pounds; mother of eight children, with no apparent organic lesions.

Four years ago she had a spell of some form of neurosis that lasted some five months. The history, although interesting, is too long for this time. She seemingly recovered fully and regained her strength and vitality and carried more flesh than ever before, although reduced at the time to a skeleton and was completely helpless so that she must be attended every way, more than a babe.

Since her recovery she has enjoyed splendid health till this last summer she was affected with a skin disease confined principally to the ankles, some little to the insteps and partly to calves of the limbs. This trouble I'll describe and ask for diagnosis and treatment.

With an intolerable itching, there appears just under the skin a little nodule and then a vesicle that exudes a pasty fluid. When these were pricked the itching stopped and when they became dry the itching reappeared. I've tried all the remedies I know of and have searched my library and tried prescriptions from many of my friends with no good or permanent results. Latterly there have appeared large, red pimples the size of beads. They do not seem to be loaded with any fluid, but have a little yellow head like a fester. When this is pricked a black crust is left. The whole burns and pains so as to keep her sore and lame. One crop follows another. Now to give the treatment we have used would be almost endless. We have followed the authorities on cutaneous diseases and treated her for eczema, etc., etc. I hope that the Clinic can help her.

Dr. John Morris.

Malden, Mo.

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A similar case sometime since was cured by overcoming the effects of gravity and giving arseniate of strychnine internally to tone up the circulation. Your wife has had many children. This has kept her lower extremities congested much of the time with the result that the blood vessels have become dilated and the parts irritated. Use cold sponging with salt water to her feet and legs three times a day, applying Ideal Elastic bandages immediately thereafter, to be kept on for an hour or two at least and longer if not uncomfortable. The patient should lie down with her feet elevated for at least half an hour after each dressing.

Internally give strychnine arseniate, three granules three times a day, increasing one each week to six at a dose, unless physiological effects are produced before that number is reached. Every morning give a teaspoonful or two of seidlitz salt in half a

glass of cold water—enough to give one good action at least. This will keep your patient busy and do her no harm I am sure while Clinic readers are getting around with their help.—Ed.

## ELECTRICITY IN GYNECOLOGY.

### Clinical Cases.

Editor Alkaloidal Clinic:—Miss A. was referred to the writer by an old irregular practitioner, with the statement that he had been treating her for a uterine cancer. Her age and general appearance did not suggest such a diagnosis.

Vaginal examination revealed a most marked condition of hyperesthesia of the vagina, antifixion of the uterus, and a severe chronic endometritis. The parts were so excessively tender as to seriously interfere with sitting or walking and an examination could only be made after the application of a quite strong solution of cocaine. No attempt was made at any time to replace the uterus, as its position was not of sufficient importance to warrant such interference.

The treatment was as follows: A well wetted pad attached to the negative pole of a galvanic battery was placed on the abdomen. The positive electrode was of carbon (an electric light carbon) insulated to within an inch and a half of the ends with shellac, the distal end having first been bluntly rounded and saturated with paraffin. A wire attachment on the proximal end admitted the cord-tip.

The distal end was covered with absorbent cotton saturated with a 10 per cent solution of cocaine, and gently introduced as far as possible, which at first was just within the labia. A current intensity of from three to five milliamperes was turned on, having only sufficient cells in the circuit to carry the current needed. As anesthesia was produced, the electrode was advanced, until the whole vaginal tract had been subjected to the treatment.

The sittings lasted for from fifteen to twenty minutes, stronger currents with less cocaine being used as the case progressed,



until it was entirely omitted. The patient was directed to use a warm douche every night and morning. Electrical treatment was given twice a week at first, (three times would have been better) then once, then at varying intervals, the whole time extending over a period of about three months, when she was discharged, cured.

No attempt was made at intra-uterine applications, the vaginal treatment being thought sufficient as the sequel proved. Suitable tonic and constitutional remedies were also given.

In all applications of the galvanic current, it is my invariable practice to use only sufficient motive-force to carry the intensity of current required. This is an important point, and one that I always make prominent in teaching. Another matter of equal importance is the dosage. This should be graduated to each case as in the administration of drugs. This point will be noticed again in future articles.

W. H. Walling, M. D.

Philadelphia, Pa.

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Will the author, in subsequent articles, please assume that we know nothing of the subject and explain every step carefully, e. g. "motive force."—Ed.

#### ASTHMA AND MEASLES.

Editor Alkaloidal Clinic: I promised a report of some cases and I want to say in the beginning that I am in debt to the Clinic for many of the principles practiced in these cases and also for many of the remedies, the two together leading me to a degree of success which I had hitherto failed to attain. I told you before of the success I had with the granules in the young lady with pain in the left side and also in the case of the 27-year-old young man who had been practicing self abuse. They are both in good health now, with a good promise of usefulness in the future, and I have the greater portion of my fees together with the good will and blessings of the patients. They believe in the "little pills."

January 13 I was called to see Mrs. W., aged 56; has had asthma and chronic bron-

chitis for more than twenty years. I have waited on her in many "bad spells" and this time found her with an acute attack of pneumonia supervening the old disease. She was certainly a most unpromising case. I only had a small supply of the granules, so I gave her one granule of aconitine every half hour till effect, then every two hours, and two of strychnine and one of digitalin every three hours. This was followed by a fall of temperature and a strengthening of the heart's action, which was weak at the beginning. This treatment brought her through in five days to the surprise of herself and all the family and friends; so they like the "little pills."

March 9 I was called to see Robert W., son of the case just reported. Found him with pneumonia as a sequel of the measles. My aconitine granules having been exhausted, I had to fall back on my old "stand by," Norwood's tincture veratrum viride, two drops every hour till effect, after which four drops every three hours. As he was a robust young man of 20 this was all the treatment he had excepting 1-10 gr. calomel tablets every hour until they acted, followed by a dose of Epsom salts. The case was out of all danger on the fifth day.

In conclusion I want to say that in my forty years of practice I have jugulated hundreds of cases of acute inflammatory disease by the above treatment with such adjuvants as were indicated in each case.

J. W. Hill.

Veal Station, Texas.

Dear Doctor:—I subscribe for twenty-three medical journals, but the Clinic is the only one I read from cover to cover.

Dr. A. M. Wilson.

Kansas City, Mo.

Having looked this number over don't you think that it would be a good investment to send \$1.00 for the Clinic until January, '98? See ad. page 4, for premium case.

The Clinic to new subscribers from July, '96, to December, '97, inclusive, together with premium case, for \$1.25. Say what is sue you have.

# PECULIAR REFLEXES FROM SUB-INVOLUTION.

Editor Alkaloidal Clinic:—I have quite recently been called in consultation to see a sick woman; a very peculiar case, that somewhat perplexes me, and I thought I would report the case to the readers of the Clinic, asking advice as to diagnosis as well as treatment.

The patient, a young woman aged 28, is the mother of two healthy children three and five years old. Since the birth of the last she has aborted twice at about three months. She has been in failing health for the last year; symptoms rather indefinite except excessive menstruation, but regular as to time and duration, etc. Patient in fair flesh and seemingly well nourished, but rather nervous; no increase of temperature. In the last three months has been confined to her couch.

About six weeks ago, during her menstruation, she was taken with vertigo and extreme weakness. The pulse dropped to thirty beats per minute though moderately full and usually regular. The symptoms, when I saw her, were no increase in temperature; pulse thirty beats to the minute, regular; pupils fully dilated; unable to rise to sitting position from vertigo; has smothering attacks oftener if a little excited. She has no organic disease of the heart.

In making an examination of the pelvic organs, found uterus greatly enlarged with a depth of three and one-half inches, cervix enlarged and congested; has leucorrhoea between menses. Uterus depressed upon perineum and retro flexed and very flabby; ovaries slightly enlarged and tender.

Now I think the slow heart beat only a reflex trouble from the diseased condition of the uterus. For the present, having seen her during her menses, I advised sulphate of strychnine granules, to about 1-50 of a grain, increased as she could bear it, with ergotin in full doses to contract flabby uterus and stop excessive menstruation.

In a few days, when she has recovered from the debility incident to menstruation, I propose to dilate the cervical canal thoroughly and curette the uterus, going over every particle of the endometrium with douch curette under strict antiseptic precautions.

Now, am I right in diagnosis and treatment, etc. If not what and why? Would say that before I was called she had had digitalis, cactina and other heart stimulants and chalybeates, etc., with, of course, no benefit.

G. M. Covert, M. D.

Arkansas City, Kan.

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You appear to have the right idea, doctor, the reflex symptoms being probably produced by the existing subinvolution and endometritis. The treatment you have instituted is excellent and what you propose to do is just the same.

A good combination in such cases is a tablet or capsule composed of ergotin gr. 2; quinine sulphate, gr. 2; and strychnine sulphate, gr. 1-60; one every three or four hours. After you get resolution established in the uterus, the alkaloidal "heart tonic," so often spoken of in these pages, will be very helpful. Three or four granules should be given three or four times a day, together with one of Buckley's Uterine tonic. Let us hear further from this case.

—Ed.

# PATHOLOGICAL HARDENING OF PENIS.

Help for Dr. Eades.

Editor Alkaloidal Clinic:—Dr. Eades' case, page 299, August Clinic, is one of calcification of the penis. Tell the doctor to lay it open and turn the contents out and then stitch up the wound. Or put the patient on treatment for uric acid diathesis, which is probably the cause of the condition.

S. F. Styles, M. D.

Stephenville, Tex.

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How is that case getting along, doctor? —Ed.

## PNEUMONIA—TREATMENT.

## Unusual Fever.

Editor Alkaloidal Clinic:—I had a case, patient a woman thirty years old, which came under my care March 12th, that I consider worth reporting. In her treatment I used fluid extracts made by Parke, Davis & Co., and while I write this to you I am thinking how near I came to the alkaloidal method. The case was one of pneumonia of both lungs, complicated with chronic heart disease (valvular).

I saw the woman the third day of her illness and found her in an awful condition. Her respiration and heart action were convulsive and she was in the greatest agony. Temperature 108. As long as fever lasted I gave her digitalis, aconite and Norwood's tincture of veratrum.

The third day I noticed symptoms of collapse and gave her strychnine sulphate and brandy and the fourth day commenced with a cough mixture of muriate of ammonia and ipecac. I continued the first prescription until the 17th, after which there was no more fever, but continued the strychnine all through the convalescent period. On the 19th the woman aborted a two-month's foetus, but was discharged on the 22nd well.

Wm. Proesch, M. D.

Fairhaven, Minn.

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The doctor writes 108 very plainly, but we question the accuracy of his thermometer. Is it usual in any locality for pneumonia cases to show as high a temperature? We have only one adverse criticism upon his treatment and that is the use of brandy. Everything can be accomplished with strychnine that alcoholics can possibly do, while at the same time they are a menace to any case. The prescription of digitalis, aconite, etc., is represented in the defervescent compound of the alkaloidal armentarium. It is as nearly a specific for acute pneumonia and allied conditions as any remedy can be.—Ed.

The Clinic to January, '98, with premium case, see ad. page 4, for \$1.00.

## ACUTE ARTICULAR RHEUMATISM.

## Cold Applications Used.

Editor Alkaloidal Clinic:—I recently had two cases of acute articular rheumatism that were very interesting to me. I do not feel that I am due any praise for the manner in which I treated them, but simply wish to call your attention to the use of cold water.

Case 1.—Bernard F., fifteen years of age, had been complaining several days with irregular pains in knee and ankle joints and slight fever. Saw him first on May 4th at 3:15 p. m., found him suffering great pain in right knee, which was very much swollen and red; pulse 106 and temperature 103; tongue heavily coated; no appetite and constipated. Prescribed one granule of calomel, gr. 1-6, every fifteen minutes until ten or twelve were taken, followed by a large dose of Rochelle salts. I also gave one standard granule of aconitine every half hour until fever went down, then every two hours, also one dram of Tongaline every four hours. I also ordered the knee to be bathed every two or three hours with ice-cold water.

At 10 a. m., May 5th, his pulse was 96; temperature 102; knee joint much better, but right ankle was swollen, red and painful. Ordered same treatment continued and directed mother to put the foot in tub of cold water and allow it to remain until pain ceased. The cold water relieved the pain in the knee and I decided to continue it and if possible do away with anodynes such as I had been in the habit of using prior to this.

May 6th, 4:15 p. m.; pulse 86; temperature 100; tongue cleaning; appetite returning; rested well the night before; cold water had relieved the pain every time as it began to return.

May 7th, 5:20 p. m.; pulse 76; temperature 99; general improvement; swelling much reduced; redness gone and no pain. Had taken no aconitine since previous day. I directed that he take Tongaline three times a day and stop all other medicines. He was at business the next day and has continued well ever since.

Case 2.—Mrs. T., twenty-four years of age; has three children, youngest three years of age. Saw her May 8th; left ankle swollen, red, painful; no appetite; constipated; tongue coated; pulse 104; temperature 102. Gave aconitine and Tongaline as in case one and ordered foot to be immersed in ice-cold water three times during previous night to control the pain, which it did, and she would get some rest after using it. May 10th, 3:30 p. m.; temperature 101; pulse 96. Made no change in treatment. May 12th, 3:35 p. m.; temperature normal and pulse 82. Appetite good and general improvement. Ordered her to continue one dram doses of Tongaline three times a day for two weeks. Discharged.

It is my belief that the frequent use of cold water aided very materially in shortening these attacks. At any rate I shall try it in the next case, unless some of the Clinic readers will suggest a better plan. With very best wishes for the Clinic.

Dr. Boyce D. Brooker.

Richmond, Va.

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We are much pleased with this report on the use of cold in inflammatory rheumatism. We have used and recommended it for years but can seldom get any of our medical friends to try it. Cold water and no drugs is better treatment than some employ. —Ed.

#### DR. HERRICK'S ASTHMA CURE.

Editor Alkaloidal Clinic:—My case of asthma reported in the July Clinic, page 247, is doing nicely. I abandoned strychnine and have her on Gardner's syrup of hydriodic acid, a most excellent remedy in these cases. I saw the lady yesterday and she said she had not felt so well for a long time.

I would like to ask Clinic readers if any of their patients have made the complaint that the seidlitz salts have failed to act on the bowels even in large doses, say four heaping teaspoonfuls. I have had three patients who tell me that every time they take the salts it seems to lock up the bow-

els. To two of these patients I have given in addition to the four teaspoonfuls of the salts, strychnine arseniate, gr. 1-30, and have received no effect.

With a feeling of gratitude and deep appreciation for the good work you are accomplishing and best wishes for the success and prosperity of the Clinic, I remain,  
Dr. E. B. Herrick.

Lynn, Mass.

#### SODIUM NITRITE AS A DIURETIC.

##### An Adverse Report.

Editor Alkaloidal Clinic:—I have tried sodium nitrite on myself in about 1-5 grain doses. It caused me violent headache, but have not noticed any augmentation of the urine. The drug was fresh and good.

Dr. Arnold Alexander.

Teageville, Wis.

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It is possible your dose was too large. What do others think of this experience?—Ed.

#### GENERAL NEURALGIA.

##### Treatment Wanted.

Editor Alkaloidal Clinic:—What is the alkaloidal treatment for inveterate intermitting neuralgia, affecting alternately the upper extremities, the lower extremities, the abdominal viscera, the stomach, etc., first one and then the other?

P. E. Sandidge, M. D.

Nelson, Mo.

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So many things may be the cause of neuralgia that it is next to impossible to suggest from a simple subjective history. It is generally an expression of systemic need, and can only be cured by recognizing and supplying this need.

If it is of a rheumatic character, bryonin and rhus tox may be tried. Strychnine arseniate is almost always indicated. If it is of a congestive character, aconitine and glonoin are excellent remedies. If it is

from constipation, nothing is better adapted than Waugh's Laxative which is tonic while it is an eliminant. A neuralgic subject always needs building up. Some one give us a good paper on this subject.—Ed.

#### PROPHYLAXIS BETTER THAN TREATMENT.

Editor Alkaloidal Clinic:—I have read my September Clinic from cover to cover, ads and all, twice. I notice a quotation from the July Medical World on the treatment of puerperal convulsions, and I frequently see some line of treatment advocated in the different journals but never a word of prophylaxis.

I have never had a case of this kind in a woman that I was engaged beforehand to deliver. I had rather show my skill at preventing than curing it. I think such accidents can, for the most part, be prevented by a little care on the part of the physician.

I make it a rule to explain to my ladies the necessity of watching the action of the kidneys; have them collect, as nearly as possible, all the urine for twenty-four hours, once or twice a week and measure the quantity. Every two weeks I test it chemically. This is done regularly during the last two months of pregnancy and earlier if there is any reason to suspect trouble. I believe that an ounce of prevention at this time is worth several pounds of cure, and if more attention was paid to the woman before labor sets in there would be less need of plans for the treatment of puerperal convulsions.

I am getting together some cases in which I have used calcium sulphide to absorb inflammatory conditions and will write them up for the Clinic soon, if you would like to have them. J. W. Marcy, M. D.

Merchantville, N. J.

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The doctor is perfectly right in emphasizing the great value of prophylaxis in this condition and it is applicable to all other diseases as well. When we are paid for keeping our patients well instead of getting them well or helping them to die easy then

the millennium of medicine will have come.

The difficulty that physicians meet is that people think that as pregnancy is a natural condition no preparatory treatment is necessary, and they are not willing, as a rule, to pay for it. This has led physicians to become careless upon this important point. Every pregnant woman should be under the immediate care of a physician for six months at least, three months before and three months after parturition. Let us have your paper on the use of calcium sulphide by all means, Doctor.—Ed.

#### INTERESTED IN ALKALOIDAL MEDICATION.

Editor Alkaloidal Clinic:—A copy of your journal has just been received and renews my interest in alkaloidal medication. I am sure this method of applying remedies must be the correct one and I wish to have all possible information upon the subject. Will you kindly tell me something of the works to be had. Which are the best and what are their prices?

Wm. B. Gambrill, M. D.

Alborton, Md.

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We are glad that your interest in alkaloidal medication is still alive and sincerely trust that we may be able to help you in nourishing it to a healthy growth. We are glad you enjoy the Clinic and believe it to be the most helpful of any one effort in this line. Shaller's book is most excellent in the ground it covers. Waugh's Manual touches briefly upon many points. Burg-graeve's Therapeutics cannot profitably be overlooked and Castro's Practice should be in the hands of every general practitioner. A full description of these different works with prices will be found in the advertising pages. Our only advice is to go carefully and slowly in your new effort and then you will meet with such good success that you will not backslide again.—Ed.

"I like the Clinic. It is chuck full of instructions—just the thing for a busy practitioner. May its shadow never grow less."



### DYSMENORRHEA WITH URETHRAL SPASM.

Editor Alkaloidal Clinic:—Miss C., aged thirty-three, called me the other day and I found her suffering from severe dysmenorrhea with retention of urine. She has a history of dysmenorrhea since she began menstruating but never had it coupled with retention of urine before. Judging the urinary trouble to be due to spasmodic stricture of the urethra I used the catheter, and then gave, not having the alkaloids, fluid extract of hyoscyamus, ten minims; fluid extract of belladonna, twelve minims, in sixteen teaspoonfuls of water, and ordered a teaspoonful every hour. For immediate relief I gave a hypodermic of morphine sulphate, gr. 1-8. I called again in about six hours and found my patient up and at work.

Now what was the trouble? She did not begin menstruating until eighteen years of age and about that time had a fall. I suspect misplacement of the uterus but have made no examination and some of the symptoms of misplacement, such as pains in the loins, are conspicuous only by their absence. Pardon my taking up so much of your time and space. I only wish to do my best to relieve suffering humanity and sometimes run across a case that puzzles me. Perhaps I can give the Clinic a few points on African malarial fever if you wish it.

Dr. Geo. L. Moxley.

Monrovia, Liberia, Africa.

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The retention of urine in your case of dysmenorrhea while unusual is not unnatural. All the sphincters of the body being largely under the control of the sympathetic nervous system, act in a measure in unison, particularly those that are intimately associated, like the sphincters of the uterus and bladder. Your treatment was excellent, both the hypodermic for immediate relief and the fluid extract for permanent effect.

Now the thing to do is to try to overcome the tendency, and for this we would suggest Buckley's Uterine Tonic (See the doctor's article in this issue), one three or four times

a day, increasing to every two hours at the menstrual period. To this it might be well to add one granule of gelseminine and one or two of cicutine hydrobromate just as the period begins. This will overcome the spasm and she will menstruate all right.

If she ever becomes pregnant this difficulty will probably disappear. Many a poor girl suffers in this way. It is probable that the trouble is merely functional. If she should not marry and the condition continues there is probably no permanent relief except through dilation of the parturient canal, particularly of the internal os. This with removal of the hymen and freeing of the clitoris will produce the physiological effect of maternity. We shall be much pleased to hear from the doctor on the malarial fever of his country.—Ed.

### LOSS OF SEXUAL POWER.

Help Asked For.

Editor Alkaloidal Clinic:—An unexpected delay of my answer to yours of the 19th inst. enables me to enclose these inquiries before referred to, the more willingly submitted, as it is possible the answer, if on the Clinic's pages, will be likely to be of interest to many.

I have a patient suffering from partial loss, or rather impairment of erectile power and a consequent imperfect sexual congress, at least at times. This is attributed to age, as he approaches sixty, but the defect is none the less unpleasant to him on that account. There is no loss of sexual power for one of his age.

His history is good, and his acts of coition are not more than twice in eight or ten days; often further apart. The compressor muscle seems to have lost tone and perhaps the veins are enlarged. This possibility is suggested by the fact that a fair erection may at times be secured by gently compressing the member near its origin at the pubic bone.

There are no nocturnal emissions, nor other seminal losses. In youth there was marked susceptibility to excitement of these organs, but never more than an occasional

involuntary emission, never oftener than once a week, rarely even so. There is no atrophy of the testicles, nor enlargement of prostate. I could enlarge this note of symptoms and concomitant conditions, but hoping this will suffice I forbear to further crowd your pages.

It will be a source of pleasure and I hope of benefit to me to receive from yourself or others through the Clinic or by private letter any suggestion as to medical treatment. I do not think any aphrodisiac excitant is admissible. It does not seem to be required, but I submit this to your corps of writers whose pens have heretofore done me great service. I am submissive to the teachings of actual results from the experience of others.

Dr. F. Price.

Atlanta, Ga.

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Answers by our contributors will be published in our next issue. Meanwhile examine the patient and see if the dorsal vein of the organ, passing outside the sphincter, is not so large that it allows too rapid emptying of the organ. A rubber band will determine. If you find this to be the case, inject a little cocaine and ligate the vein. Now let's see what Clinic subscribers have to say.—Ed.

#### COTOIN AND NUCLEIN IN SUMMER DIARRHEA.

##### Report of an Interesting Case.

Editor Alkaloidal Clinic:—About three weeks ago W. C., about eighteen months old, began to have severe diarrhea with very little fever at any time and not much pain. Stools were so watery that they would soak into dummies; were greenish in color with a very foul odor. It had persisted several days before I was called. I tried nearly everything I could think of with little, if any, effect. This included bismuth subnitrate and sulphocarbonate of zinc; also bismuth subgallate and sulphocarbonate of zinc. Cuprum arsenitis was also tried with apparently no effect.

Finally I put up the following: Cotoin,

gr. 1-67, twelve granules, chlorodyne granules (Abbott's) twelve, in twenty-four teaspoonfuls of water, one teaspoonful to be given once in two hours alternately with nuclein, 1-12 minim. The result was immediately perceptible, and in forty-eight hours there was so much improvement that I stopped the cotoin and continued the nuclein. This is the first time I have used cotoin in a child. I have used it several times in adults with good results. What portion of the good results is due to the cotoin mixture and what portion to the nuclein I am not prepared to say, but the combination of the two was very satisfactory.

Succasunna, N. J. Dr. N. H. Adsit.

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We are much pleased with this report, particularly as it brings up a line of thought of much value to Clinic readers, giving us an opportunity to emphasize the oft repeated statement that astringents are more often not indicated than indicated in diarrheal troubles, and particularly in those of long standing with fetid stools.

Cotoin is a special tonic to the intestinal mucous membrane, and in properly selected cases has a remarkable effect. The action of the chlorodyne granule is also particularly desirable in these cases. It is much better than any other anodyne we know of. It not only relieves pain but, through the glonoin contained, produces capillary flushing in the skin, thereby relieving intestinal congestion. Nothing is more strongly indicated than nuclein to help repair the loss to the system of the immense amount of white blood corpuscles that have passed off in the serum. Clinic readers will do well to think on these things.—Ed.

##### REPLY TO DR. WATTS.

Editor Alkaloidal Clinic: I would advise for Dr. W. C. Watts' case, page 300 in August Clinic, santonin, gr. 4, at bed time and the following formula: Ex. Saw. palmetto, 2 ounces; cannabis indica, 1 dram; Tritica, 2 ounces. Mix. One teaspoonful one hour after each meal.

Wayland, Ia. Dr. W. R. Bolding.

## INTERESTING POINTS FOR SEPTEMBER CLINIC.

## Important Case Report.

Editor Alkaloidal Clinic:—We shall all certainly enjoy an article on the treatment of cough in the next number of the Clinic. I am just a new subscriber, but have the February number for '95, in which there is a very good article on "Coughs and Colds" by Dr. Waugh. I think I shall derive a great deal of benefit from that article in the near future.

I like the way Dr. Shaller answers Mrs. Griffin. A woman should not marry unless she is able and willing to bear children. We all know that women do not, as a rule, get strong bearing children, and we should be very careful about advising feeble women to marry.

It is very amusing to read Dr. Epstein's diagnosis and treatment of our country's financial condition. I think we should all inform ourselves sufficiently on the issues of the day to vote intelligently, but, in my opinion, it is not the proper thing for a physician to be a politician. If one has enough of this world's goods to live independently of his practice, then it is all very well; but we all have patients who are so peculiarly constituted that, unless we have an extraordinary hold on them, they will quit us and go to another physician, for no other reason than that we do not agree with them politically. I am not afraid for my patrons to know what my political views are, and should they want to know them, I am not slow to tell them and give my reasons for them, but I stop there. I am trying to follow old Uncle Ebenezer's advice during this campaign. He says: "Ef yoh argifies wif er smaht man, yoh done git de wust ob it; and ef yoh argies wif er fool, yoh done was'e yoh time."

The article on impotence by Dr. Caldwell in the September Clinic brings to mind a case I have had on hand for some time. I will give a short description of it, and ask the editor to tell what the trouble is. Mr. L., age 53, farmer; a strong, robust

man, weighing 200 pounds; sleeps well; good appetite; bowels regular; came to me first July 20, '96, complaining of pain across the kidneys, passing about two pints of rather scalding urine in twenty-four hours. A sense of weight in the scrotum and a very painful drawing on the testicles extending up into the abdomen toward the kidneys; unable to get a complete erection of the penis, and has no more pleasure in the sexual act.

One of the most peculiar symptoms was that after coitus there would be three or four hemorrhagic spots, some as large as the little finger nail and some half that large, just back of the corona of the penis. These spots were tender and remained for three or four days, and if he had coitus again before they disappeared they became very painful. He also had a scaly, itching skin eruption on both arms which had given him considerable trouble for several months.

As he had been to a number of physicians who had done him little or no good, and one of whom had slit the meatus-urinaris with the usual result (no benefit, and not being able to urinate without soiling his clothes), he was on the verge of answering a quack's advertisement and taking treatment by mail for lost manhood, when he thought he would give me a trial.

I did not promise him very much, but gave him acetate of potash and fluid extract of buchu comp. for the kidney symptoms, and acid phosphoric and fluid extract of damiana for the genital organs; told him to report in a few days, which he did, saying he felt much better. I then put him on the aphrodisiac tablets made by the Abbott Alkaloidal Company, directing one night and morning.

He has been taking these now for six weeks, and told me a few days ago that he felt as well as he ever did; erections were normal, with as much pleasure during coitus as ever. The skin eruption has disappeared entirely; kidneys acting fairly with normal urine; no drawing on the testicles; the only symptom remaining was the hemorrhagic spots on the penis; they are not so

large or numerous as they were, but are causing him considerable uneasiness. I will say that these spots were present before the meatus was cut, in fact, the meatus was cut to cure the hemorrhagic spots.

This being my first attempt at writing for publication, I doubt if you will find the article worthy of a place in the Clinic. I am taking several medical journals, but would rather do without all the rest than to do without the Clinic. I hope the time will soon come when you can afford to make it a semi-monthly journal instead of a monthly. With best wishes to the Clinic, its editor and its many readers, I am,

Very respectfully yours,

J. W. Neptune, M. D.

Chapman, Kansas.

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The article mentioned by the Doctor in February Clinic, '95, is a most excellent one, giving an outline of the treatment of a variety of conditions. We have quite a number of this issue left. Will mail at 10 cents per copy.

The author touches a very important point to physicians when he advises against taking a prominent position in politics, and this might well be extended to any other publicity of church or state in which humanity disagrees. The physician is too largely dependent upon the caprice of this same differing humanity to allow himself to fight the battles of any class with impunity.

The case which the Doctor describes seems to be one in which the disagreeable symptoms were due to effete material circulating in the blood, producing congested kidneys. Not every robust farmer gets proper elimination. They often overwork, always, as a rule, overeat, and subject themselves to many excesses contrary to the laws of nature. Kidney purgatives and general tonics were indicated and did the work well. We often have to treat a case before we can make a diagnosis.

Just a word of compliment to Dr. Neptune, not only on the subject-matter of his letter, but on the carefulness with which he prepared it for publication. A contribution seldom comes to our desk which receives

less editorial marks than his did. We hope to hear from him often.—Ed.

## REPLIES TO SEPTEMBER CLINIC.

Editor Alkaloidal Clinic:—Dr. Robt. A. Lee's case, page 332, is suggestive of aneurism of the thoracic aorta, transverse portion.

Has your man had syphilis? Is the suspected regurgitant murmur an aneurismal bruit? Can the tumor be outlined? Does the chest heave with the pulse? Is there a "tracheal tug?" Are there occasional periods of dyspnea or hoarseness? Is there any paresis or paralysis of the vocal cords (by laryngoscope)?

A solid mediastinal tumor might give symptoms reported, but bruit would not be so distinct, and if a pulsating tumor could be discovered, the pulsation would not be expansile.

Treatment of aneurism would be: bed, low diet, remove obstruction to circulation in liver, etc., and iodide of potassium.

Let Dr. Squire, page 344, examine his case per rectum; might give anesthetic and examine bimannally. No doubt it is a case of appendicitis.

G. H. Stover, M. D., C. D.

Eaton, Colo.

## CROUPOUS PNEUMONIA; TREATMENT.

Editor Alkaloidal Clinic:—I will report a case treated with alkaloidal granules. Patient, a young lady 18 years old. She had been sick seven days before my first visit; had croupous pneumonia, one lung filled up; pulse 120, very weak; temperature, 104; respiration, 60; complained of great dyspnea at times; dark purple hue of face and lips, showing the blood was imperfectly oxidized; extremities cold; surroundings unfavorable, lived in a little Mexican house; large family.

I began treatment by giving one granule of glonoin every 15 minutes, alternated with one of arseniate of strychnine, this to restore capillary circulation and relieve dysp-

nea; ordered extremities wrapped in hot flannels; covered chest with resin cerate plaster, sprinkled thickly with compound powder of capsicum and lobelia. I also gave digitalin and aconitine, 30 of each in 24 teaspoonfuls of water, a teaspoonful every half-hour to two hours, according to the fever, and used codeine and emetine for cough. I alternated the digitalin and aconitine with strychnine arseniate and ordered the glonoïn to be given whenever she complained of dyspnea.

The above treatment, varied according to indications was kept up for ten days. She recovered gradually; no medicine but the granules was used and no whisky was given.

My former treatment would have been specific tinctures of digitalis and aconite with ipecac, cactus grand, and ammonia alternated with strychnia. I never give whisky and quinine any more to sustain vital forces. This heart failure business is in the doctor's head. If you depend on alcohol and large doses of quinine you are sure to have heart failure.

J. W. Walters, M. D.

Wetmore, Colo.

#### SICK HEADACHE: EPILEPSY.

Suggestions for Help of Drs. Akin and Hughes.

Editor Alkaloidal Clinic:—I have received the Alkaloidal Clinic and the little case of granules, from which I have already been greatly benefited. In the Clinic I see an article on "Sick Headache," from Dr. Hattie T. Akin. Your comments are eminently correct as to the cause of this disease in many cases, but not so in all. The most violent forms of headache that have ever come before me were produced from diseased kidneys. All the symptoms described by Dr. Akin would indicate to my mind granular degeneration of the kidney. These headaches can be relieved only by purifying the secretion of the kidney and restoring normal action, and a correct diagnosis can only be had through urinary analysis. I prefer the solar microscope, where

you can see every cell or corpuscle thrown upon the screen.

Again, you have another case, "Help Wanted, Epilepsy," page 293. I have always been successful in my treatment of these cases, more especially where they are not the result of pressure upon the brain. Close, critical examination of extremities, spinal column and neck ganglia, will tell you if this is the result of accident that would require surgical interference.

It is often the case in females where there is amenorrhea or dysmenorrhea, that epilepsy is established; and in young men about the age of puberty to 21 years who relieve themselves by masturbation, the same thing occurs. But there are cases of epilepsy in which these causes never existed, but in which excessive nervous tension has produced exhaustion of nervous vitality or force to such an extent as to result in complete abnormal action, or insanity of the nervous system, that develops violent muscular contraction or epilepsy. Such cases I have treated constitutionally with mercury, arsenic or iodide of potash, say protoiodide merc., gr. 1-8 three times a day, alternating with sulph. strychnine, gr. 1; sulph. iron, gr. 10; sulph. quinine, gr. 60, mixed and made into 30 pills. One three times a day, or three hours after each dose of arsenic.

Or in place of arsenic or protoiodide, I use a solution of iodide of potassium one ounce in one ounce of water, and give 20 drops at 6, 12 and 6, and the strychnine compound at 9, 3 and 9 each day.

In addition to this, I put on the spine at the margin of the hair on back of head, and every three inches down, a small blister, say size of a dime, and when drawn take off cuticle and dust with tartar emetic every two days till suppuration is well established. This acts as a drain and relieves any blood pressure that may exist in the nerve-centers.

In using the strychnine, I give one pill only the first day, two the second night and morning and three every day after that. But I have trespassed too long on your valuable time, and will only say that I am drawing from my experience of over 40 years' continued practice. Respectfully,

Bessemer, Ala. Frank Prince, M. D.



## DR. WATT'S CASE OF URETHRAL IRRITATION.

Editor Alkaloidal Clinic:—Referring to Dr. Watt's case of urethral irritation which appears in the August Clinic, page 300, objection has been raised to the use of strychnine and stimulants of this character. If the warmth of bed and relaxation of the sphincter during sleep congesting the parts and causing the extreme desire and pain described does exist, why not give strychnine arseniate combined with hyoscyamine to tone up relaxed organs and relieve spasm. If there is congestion it is passive in character. The nervous mechanism is evidently at fault. Dr. Watt tells us that sexual appetite is entirely gone. He also mentions the fact that a slight dyspnea soon gave way under the use of strychnine sulphate, gr. 1-60, four times a day.

It is always well in such cases not to overlook any possible trouble in the rectum or prostate gland. "Tritica" is a grand medicine, and cannot do harm, but likely much good. It, with strychnine and hyoscyamine and perhaps nuclein, will, I think, form appropriate treatment. A belladonna suppository should be used every night to relieve pain and spasm as long as these continue.

Dr. Wm. Corpron.

Minnesota Lake, Minn.

—:o:—

Doctor:—If you have just read the above and haven't taken in its full force, read it again. It is full of ideas, not only for the case, but for neuroses in general. Doctor Corpron, spare us all you can.—Ed.

## LOCOMOTOR ATAXIA FROM SYPHILIS.

Help Asked For.

Editor Alkaloidal Clinic:—I have a case of locomotor ataxia, due to syphilis; young man of twenty-eight years; has terrible cramping pains in his legs; insomnia; paresis of left side; pupil of left eye dilated. Can you suggest something to relieve his pain? Opiates, of course, are contrain-

dicated. Think I shall fall in line with the advocates of alkaloidal remedies.

Dr. J. C. Dreher.

Plainwell, Mich.

—:o:—

These symptoms are probably due to gummata in the spinal cord, and requires anti-syphilitic treatment applicable to the third stage and lots of it. Use 1-3 to 1-2 grain of protiodide of mercury at 10 a. m., 3 p. m. and bed-time; 10 grains of potassium iodide in half a glass of milk at meals, with two granules each of cicutine and hyoscyamine every two to four hours as needed for relief of pain.

All of this dosage will probably need to be increased, for there is no measure but effect and you must make use of all that the system can possibly elaborate. If the deposits can be removed, nature may repair drainage to quite an extent. Others please suggest.—Ed.

## OBESITY.

Help Wanted.

Editor Alkaloidal Clinic:—Please give me your attention to the following case: A woman near sixty, weighing about three hundred pounds, suffered much from lumbago. More than a year ago she felt very weak and feared she had some uterine trouble, because some very near relative of hers was said to have died from cancer. I examined her and found nothing abnormal except an unusual paleness of the uterine neck and vagina, the same as I found the roof of the mouth. I concluded she suffered from anemia, and put her on strychnine arseniate and iron arseniate, and got her well. At present she complains much of her obesity, which, together with her lumbago, prevents her from doing the work of a farmer's wife.

Now, as the poke berry is so much talked about in this ailment, I wish to consult you about the best preparation of it in this case. Are the phytolaccin granules suitable here, or would P. D. & Co.'s fluid extract be bet-

ter and as good as the Phytoline of the Walker Pharmacal Co., of St. Louis?

Dr. Epstein.

W. Liberty, W. Va.

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Have had little experience with the poke berry in obesity, but obesity remedies are what you want to give this patient. Would suggest colchicine and brucine, two of each three times a day with seidlitz salt q. s. every morning. Prohibit potato, white bread, sugar and drinking with meals. It may be well to make use of the poke berry. It will do no harm, and may do much good. I would use the Walker Pharmacal Co.'s Phytoline by all means. If you use this, give as they direct, and give the brucine and colchicine at 10, 3 and bed-time. Let us hear from you further.—Ed.

#### PERSISTENT ANEMIA.

##### Help Asked For.

Editor Alkaloidal Clinic:—I have a severe and persistent case of anemia in a woman aged thirty-eight, which does not yield readily to ordinary remedies. I now note a slight improvement in strength and color of eyelids, tongue and lips, and I attribute this mostly to nuclein, which I have already prescribed. Appetite is much improved under arsenic of copper and ichthyol; cough and head symptoms much relieved. She sleeps well nights, but is still weak and blood still in low condition. In what dose and how often repeated would you give nuclein in such a case?

She is the mother of a very respectable family, her husband being quite a well-to-do farmer, living at some distance from me. She has been on a decline for over seven months until now, when a slight change for the better is apparent. Any suggestions you can offer me about this case will be greatly appreciated, as I very much desire to relieve her permanently.

Dr. W. C. Derby.

White Cloud, Mich.

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Nuclein is all right for this case, but in

adding the ultimate cell you must add something to feed the cell. Then you will get the desired result. Give the patient one tablet of nuclein, m. 48-150; one granule of iron phos., gr. 1-67, and one granule of strychnine hypophos., gr. 1-134, every two hours and report results.—Ed.

#### BRONCHORRHEA.

Editor Alkaloidal Clinic:—What will check profuse secretion from the bronchial membranes, making it necessary to clear them every few minutes. When one gets nearly over the difficulty a little cold will bring it back as bad as ever. If you can give some information which will lead to a cure of the catarrhal trouble you will greatly oblige me.

Dr. S. J. Smith.

Filley, Neb.

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For a case of bronchial secretion, such as you mention, we would use bichromate of potash and strychnine arseniate, one of the former and two of the latter every two hours. Having tried this let the Clinic know with what success you meet.—Ed.

#### A CASE OF JAUNDICE.

##### Help Wanted.

Editor Alkaloidal Clinic:—I have a case of jaundice that I have had under treatment for about six weeks, on which I have tried the usual remedies without avail. When the patient came under my care she was completely jaundiced and was troubled with intense itching. The urine was loaded with bile; there was tenderness and soreness over the liver, but that has passed away. The last several weeks her feet have swollen at ankles, but at present they swell less.

At first she was troubled with looseness of bowels, and stools were clay-colored. No fever, no vomiting. Liver seems slightly enlarged. Every week or so she has some chills or cold feelings, and aches some over the thorax, back and abdomen.

Now, what is the cause of the persistent jaundice? Patient is over forty years of age. I diagnosed it as catarrhal inflammation of

the bile ducts. Why should the jaundice persist so long? Will the editor or someone else suggest treatment in next issue of Clinic? I have tried phosphate of soda and chionia, yet very little improvement has been made. Now, if anyone can assist me I'll appreciate it very much.

Allow me to say that the Clinic is the very best medical journal that comes to me. One copy alone is worth the price of a whole year's subscription.

Dr. S. D. Sour.

Princeton, Minn.

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While Clinic readers are coming in with their help, Doctor, give your patient one granule of quassin, one of strychnine arseniate and one of hyoscyamine every two hours, with a large dose of seidlitz salt (two heaping teaspoonfuls in two-thirds of a glass of cold water), before breakfast every morning, and order half a pint of hot water taken at night just before retiring. This will not do your patient any harm, and if there is no mechanical obstruction may do much good. Two things are indicated. First, to eliminate effete material circulating in the blood; and, second, to put sufficient fresh fluid into the circulation to enable a less irritating bile to be secreted.

The diet should be largely of skimmed milk, fruits and vegetables.—Ed.

#### HELP WANTED.

Editor Alkaloidal Clinic:—I am a late subscriber to your Clinic and am much interested in it. If it will not take too much of your valuable time, will you answer my inquiry by letter? A patient, a man of 36 years, much baffles the profession at this place to know exactly what ails him and what remedies to use.

About three months ago he began to lose weight, from 120 to now 108 or 110; appetite good, no nausea or vomiting; tender to pressure beneath the ensiform cartilage; liver enlarged, also spleen; severe pain over region of spleen; swarthy complexion, conjunctiva yellow; eats meat and digestion generally good. Tenderness over liver also.

No peritoneal effusion, no edema; no nodules can be felt; liver and spleen seem to be well rounded. No cough, no dyspepsia. Bowels move regularly, soft brown stool; no diarrhea. Any further questions upon the case that would lead to a better diagnosis will be gratefully answered. Diagnosis of one "carcinoma of stomach," but hardly coincides with my opinion. What do Clinic readers think the trouble is?

Dr. C. R. Heald.

Osceola, Neb.

#### THE TRUTH ABOUT ALCOHOL.

##### An Interesting Case.

Editor Alkaloidal Clinic:—Alcohol is neither a medicine, food or drink, and I use no more of it than is to be found in tinctures and fluid extracts. Never prescribe it in any form, wine, beer or whisky. It is not valuable, but is worthless so far as my experience goes, and I am glad to see that the medical fraternity are gradually and generally coming to believe so. But, Doctor, you know occasionally you get caught in a tight place, and have to do the best you can with what you have at hand. For instance, I was coming home from town one evening late, and as I got off my horse at the gate a man came on a horse at a run, "Doctor, Mrs. L. has been thrown from her buggy and they think she's dead." Two and a half miles' lope and I was there. No lamp, in an old field, a mile from any house, a pine knot lighted with a match for a light.

The lady was eight months pregnant, and had been thrown out of the buggy about eight feet off flat on her back and hip; was insensible, hardly breathing. I injected 1-50 gr. glonoin and 1-50 gr. strychnine in glycerine; rubbed her arms and legs; turned her from back to side; instituted artificial breathing, and when she could swallow gave her several teaspoonfuls of dilute alcohol; sent for a wagon two miles off and got her home. One shoulder and distal end of clavical were dislocated, and the symphysis pubis nearly ditto. I bandaged hips, set

shoulder, kept her for three days on morphine and atropine, and had the pleasure of helping a living boy baby into the world 35 days afterwards.

You see, Doctor, sometimes we cannot help ourselves; we must use things we do not want to. It was rough country practice, to be sure, but it did the work.

Your idea about the action of strychnine and glonoin is exactly mine. I am more and more pleased with it, and in neuralgia I use them exclusively now. In fact, one drachm of morphine lasts me a year, as I seldom give it internally, using it in eye and ear troubles mainly, sometimes (very rarely) on a blistered surface in solution.

Brodnax, La. Dr. Ben. H. Brodnax.

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Our compliments, Dr. Brodnax, on the treatment of this case, but why did you give alcohol at all. You had already given the best stimulant known to medicine, and presumably had more of it, and if "alcohol is neither a medicine, food or drink," as you say, and I believe, why did you give the poor thing "pizen"? Don't answer, this is just one on you.—Ed.

## THE ALKALOIDAL TREATMENT OF EPILEPSY.

### An Illustrated Case.

Editor Alkaloidal Clinic:—I am young in the use of the alkaloidal medicaments, yet, so far, I have the greatest praise for them. I get excellent results from the granules when properly used.

The effects I obtained in a case of epilepsy are as follows: Mrs. N., who is 30 years of age, had her first epileptic seizure about nine years ago. Up to this time she had always been healthy, having no epileptic diathesis, and since then she has been troubled with these fits. Sometimes she would not have one for two or three months and has skipped as much as six months, then again she has had them two to four times a month.

Now came the trouble. About the 12th or 15th of July, Dr. B. was called in and began treatment. On the 18th she had a fit,

and one on the 20th, 22nd, and 24th, and every day after that until August 10th. I was called to see her on the 9th and had been in the house but five minutes when she had a fit. I began treatment. She missed her fit the 10th and 11th and on the 13th had a very light spasm. Since that time she has had no symptom of one. My treatment was as follows: strychn. ars., gr. 1-134; glonoin, gr. 1-250; hyoscyamine, gr. 1-250 and camphor mono. brom., gr. 1-6, twelve granules of each in one ounce of water. Of this solution I gave a teaspoonful every thirty minutes until my patient was relieved, which took five doses, and I had her take a teaspoonful every four hours during the interval between the spells. They usually came on about 8 a. m., so three hours before this time I ordered them to begin to give the medicine every half hour. Morning and evening I gave one granule of nuclein and one of Buckley's Uterine Tonic, as she had leucorrhea and dysmenorrhea, and during the time I cleaned out the whole alimentary tract. The result of my treatment was as above.

Denning, Ark. Dr. J. F. Smith.

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There is probably some reflex that caused these fits; and while your patient is relieved, if you don't attend sharply to her case they will very likely return again. The irritation is most likely in the genital tract. All the sphincters should be looked to, particularly that of the internal os, and if they are not patulous they should be freely dilated.

Your successful treatment, upon which we congratulate you, was with remedies that positively unlock spasm.—Ed.

## AN EASY WAY TO EMPTY THE BLADDER.

Dr. Edward Anderson (Charlotte Medical Journal) says: "The bladder when partially paralyzed from parturition or any other cause can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowel, thereby doing away with the necessity of using a catheter."

### CASE REPORTS: SUMMER COMPLAINT, TORTICOLLIS AND NEURALGIA.

Editor Alkaloidal Clinic: Last summer I used in diarrheal troubles a mixture of bismuth, calk, rhubarb, pepsin and other remedies; this summer I have retained bismuth and added zinc sulphocarbonate and copper arsenite with, I think, more satisfaction. I don't think the cases lingered so long.

On June 9th I was called to see an infant, aged sixteen months; had been sick four days. It looked bad; was pale and stupid, lying with eyes about half opened and turned upward, white of eyes showing plainly; flies crawled over open mouth and eyes unheeded. This condition had existed for nearly two days, bowels moving fifteen or twenty times a day; fever 100 or 101.

I gave two doses of podophyllin, gr. 1-40 each, one-half hour apart, to excite glandular activity (Hare). Then I began with bismuth, gr. 8, and zinc sulphocarbonate, gr. 1-6, in solution every two or three hours, alternating with copper arsenite, gr. 1-100, in two ounces of water, teaspoonful doses. June 11th it was much the same. June 12th some better; eyes closed, bowels moving not over eight or ten times daily. June 13th still improving. I added pepsin with each feeding, which was mainly of egg albumen. June 15th much better, bowels moving four to six times daily; it continued improving.

Case 2.—Baby M., aged six months. I was called June 20th; found it very fretful, crying almost constantly; was vomiting some and had a diarrhea which was offensive and slimy; bowels tympanitic. Babe had wasted away considerably; I began with calomel, gr. 1-10, to clean bowels of fermenting materials, then gave bismuth, gr. 6, and zinc, gr. 1-6, with occasional doses of soda bromide, gr. 1, to quiet; feeding egg albumen and a few drops of whiskey. June 22nd improving and in a few days was well.

Case 3. Some weeks ago a lady sent for medicine for stiff neck, great deal of excruciating pain and neck twisted. Rested very

poorly at night, bowels constipated; subject to these attacks lasting about one week. Prescribed initial dose of calomel, then gelseminine, two granules, gr. 1-250, and two of bryonin, gr. 1-67, every two hours, with a camphorated Dover's powder at bed-time. Case yielded in three or four days.

Case 4. Mrs. W., subject to neuralgia, complained of weakness, pain in face, head and neck. First gave calomel as she was constipated and then aconitine crystals, gr. 1-400, with gelsemin, gr. 1-67, and strychnine, gr. 1-60, every three or four hours. Better the next day.

I enjoy the Clinic. I read other journals that are necessary, but not so practical as the Clinic, for it helps me in every-day practice.

H. H. Bogle.

Beulah, Kans.

### THE REMOVAL OF FOREIGN BODIES FROM THE EAR.

Two Good Points.

Editor Alkaloidal Clinic:—In removing foreign bodies from ears already somewhat inflamed from unsuccessful attempts at removal, alcohol will sometimes be of service. It seems to reduce the swelling, and will not cause seeds, etc., to swell. If there is impacted cerumen with some pus formation peroxide of hydrogen acts nicely. The effervescence seems to help the removal of offending material.

C. F. T.

### PSORIASIS.

Treatment Wanted.

Editor Alkaloidal Clinic:—Please say to your readers that I have a case of well pronounced psoriasis of twenty years standing, and ask for suggestions, through the Clinic or otherwise, as to its treatment. Have never had a case and if there is any better way than the treatment of ten years ago, I shall be glad to hear it.

G. G. Laughead, M. D.  
Coldwater, Kansas.